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HEALTH AND SANITATION IN NORTH ITALY

Basic information and recommendations for occupation authorities concerned with problems of health and sanitation.

22 November 1943

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NORTH ITALY - HEALTH AND SANITATION

A. Summary

Occupying health officers will be confronted by many health problems. The civilian population will be suffering from widespread malnutrition resulting in many clinical and subclinical polyavitaminoses, the treatment of which will require distribution of foods and vitamins. There will be shortages in medical personnel - physicians, nurses, sanitation experts, and medical technicians, as well as in all medical supplies and equipment.

There are many hospitals, sanitaria, balneotherapy institutes which can be mobilized for the institutionalization of patients who cannot be treated at home. In all cases the quality runs from good to bad, with the average tending to be poor. In general the personnel will be cooperative, superficially at least, and should be guided, rather than driven; except in the case of people discovered to have been ardent Fascists. These will have to be ordered to fulfill any necessary assignments.

The general practice of medicine is only fair, nursing care is very poor, Some few physicians are very good; generally, however, this is not true, yet they will resent overt attempts to raise their medical standards. Nursing shall be improved through teaching by United Nations instructors.

Sewage and garbage disposal facilities are good to fair in the larger areas - Trieste, Milano, Torino, Bologna, Genova - but poor to primitive in the smaller communities and rural areas.

Milk and water inspections are inadequate and will require strict sanitary supervision. Quarantines will have to be rigidly enforced and penalties inflicted for failure to report communicable diseases.

Attempts to lower the infant mortality especially in Lombardia, Venezia Tridentina, and Venezia Giulia e Zara should be made by educating midwives, hospitalizing parturient women, and expanding pre-natal programs with much emphasis on the detection and treatment of syphilis. Where possible U.S. Army pediatricians and obstetricians should be entrusted with supervision of the maternal and child welfare programs. Tuberculosis control will be disheartening because of its great incidence and inadequate past control; the school and pre-school children should be screened as quickly as possible by tuberculin testing, followed by radiographic studies of the positive reactors - unless the number of these reactors is so great that it would involve little more time and expense to examine all children in these groups roentgenologically. In south-central Lombardia, south and east of Milano, there is much typhoid; its control will necessitate strict supervision of water, milk and food supplies (especially salad vegetables), detection of carriers, and immunization of the populace if feasible.

Venereal disease control should begin with the repression of prostitution, legal and otherwise, and expansion of venereal disease clinical facilities under the direction of army venereologists.

Typhus may become epidemic and control measures are recommended.

In all matters reliable local Italian medical men should be sought to carry out details, prepare reports, and obtain community cooperation. Ultimately, in all matters the most any occupying health officer can do is to help the Italians to help themselves.

B. Present Health and Sanitation Conditions in North Italy.

1. Density of population. North Italy is very densely settled -- much more so than southern Italy (Fig. 1). It is evident that the health problems will therefore be somewhat different in North Italy, particularly in the areas surrounding large cities, such as Milano, Padova, Torino, and Genova. In this densely populated industrial region there are greater opportunities for the spread of contagious diseases, but at the same time, the concentration of population will allow a greater degree of sanitary and public health control. A satisfactory summary table of population can be found in I.S.T.D./C/238 Reports on Northern Italy, Climate and Medical Section, September 1, 1943, page 53.

2. Medical facilities. In evaluating Italian statistics based on Italian official sources, it should be remembered that they are very largely unsatisfactory for obvious political reasons. For example, a report of twelve thousand pediatrics cases given preventive care at tuberculosis camps probably means that 4,000 children were given such treatment for four-month periods.

a. Hospitals. Lists of hospitals including location, administrative supervision, and number of beds can be found in the Survey of Italy, done by the

Military Intelligence Service of the United States' Army, April, 1943- Vol. 2, appendices. Pages 61 and 62 are missing from this survey and are included as Appendix 1 in this planning guide. Another list of hospitals, giving street addresses, is found on pages 27 - 49 of the I.S.T.D. study mentioned above. This list must be used with caution, for some of the so-called hospitals are not medical institutions. The list, however, does give street addresses, which may be of value if used critically by observers in the occupied communities. For example, on page 42, the I.S.T.D. report lists hospitals and street addresses for Trieste. This list is reproduced below, with the addition in parentheses of comments made by a former Trieste physician indicating the actual character of the "hospitals". It is evident that the original list is misleading and incomplete.

TABLE 1. INSTITUTIONS LISTED BY I.S.T.D./C/238 AS HOSPITALS IN TRIESTE WITH COMMENTS INDICATING ACTUAL CHARACTER OF THE "HOSPITALS"

1. Alloggio Popolare, v. G. Gozzi 5. (This is a cheap lodging house.)

2. Alloggio Popolare S. "De Sandrinelli", v. Pondares, 5. (This is a cheap lodging house.)

3. Ambulatorio Antitubercolare della Cassa prov. di Malattia, v. Pieta 7. (This is an out-patient clinic with no bed facilities.)

4. Ambulatorio Elioterapico della Cassa prov. di Malattia, v. T. Vecellio 6. (This is not a hospital. Informant had never heard of it.)

5. Ambulanze Generiche della Cassa prov. di Malattia, v. S. Francesco 2, v. della Guardia 20, Roiano, via Gelsomini 1, Servola 41, Pro secco 269, Villa Opicina 109, Barcola 15. (The listing for S. Francesco 2 is a small hospital operated under the Social Insurance Plan for employees of private concerns. It has a small number of private rooms with 30 or 40 beds and a well-equipped operating room. The other listings under 5 are evidently just out-patient clinics.)

6. Ambulanze Specialistiche della Cassa prov. di Malattia, v. S. Slataper 5, v. S. Lazzaro 16, v. M. d'Azeglio 8, v. S. Francesco 2, via S. Nicolo 12. (These are all clinics run under the insurance system.)

7. Ambulatorio medico-chirurgo delle F.F.S.S., viale Reg. Elena 2. (This clinic is for the use of railroad workers.)

8. Asilo-Famiglia (per Fanciulli Abbandonati), v. Pacifico Salussi 5. (This is a home for abandoned children.)

9. Asilo Princ. Jolanda (per fanciulle), passeggio S. Andrea 92. (This is a home for children.)

10. Asilo Rittmeyer (per ciechi poveri), Barcola Riviera 84. (This is a home for the blind.)

11. Asilo per fanciulle "Princ. Jolanda di Savoia", passeggio S. Andrea 92. (This is exactly the same place as that listed under number 9.)

12. Asilo Speranza (ricovero provvisorio per fanciulli senza tetto), v. Petronio, n. 26. (This is a children's home.)

13. Dispensario Antitubercolare della Provincia, v. S. Marco 11. (This is an anti-tuberculosis out-patient clinic.)

14. Dispensario Antitubercolare della Soc. contro la Tubercolosi, v. Udine 43. (This is an anti-tuberculosis clinic containing scientific material collected by Professor Urizio, a Fascist lectuuer of the University of Padova.)

15. Dispensario Comunale per lattanti, via Beccherie 19. (This is a clinic for mothers of newborn babies.)

16. Dispensario per lattanti della Soc. Amici dell' Infanzia, v. Manzoni 16. (This is an out-patient clinic for pediatrics, with a small pediatric hospital.)

17. Dispensario profilattico centrale del Consorzio Antitubercolare, v. F. Crispi 46. (This is a very small anti-tuberculosis dispensary.)

18. Ospedale dei Cronici, v. S. Cilino 12. (This is one section of the large hospital for the insane (see number 26.))

19. Ospedale Infantile Fondazione Burlo-Garofalo e Marussi, v. Bosco 4, con sez. cronici, v.Battera 12. (This hospital adjoins number 16. They may be two separate units but informant believes that they represent one institution with a total of 78 beds.)

20. Ospedale Civico "Regina Elena", p. dell'Ospitale 1. (This is the City Hospital, containing from 1,000 to 1,200 beds and having good facilities. It comprises the following general divisions: 4 medical, 2 surgical, and the following specialty divisions: genitourinary, gynecology, venereal disease, obstetrics, pediatrics. The division of obstetrics is supervised by the University of Padova, and is used for the training of mid-wives. The other divisions are not under University supervision. There are two operating rooms run by the general surgery divisions and other surgeries have their own set-ups, e.g. gynecology, orthopedics. The laundry and kitchen facilities are adequate. The hospital has its own power plant, of unknown size. It also has a large laboratory, a morgue, and radiotherapy facilities.)

21. Ospedale della Maddalena, v. Molino a vento 95. (This is a contagious-disease hospital. It is said to have been well-staffed and well-equipped. Adjoining the hospital is the incinerator for the district.)

22. Ospedale Israelitico, v. Cologna 29. (This is a Jewish hospital with little equipment, no operating room, and only about 30 beds.)

23. Ospedale Militare, v. F. Severo 32. (The informant had no data on this military hospital, guessing that it might have 100 beds.)

24. Ospedale Marino "Elena Duchessa di Aosta", Valdoltra. (This 300-bed hospital is said to be suitable for army purposes, having two operating rooms, good sanitary facilities and having been used for treating bone tuberculosis, and for orthopedic surgery. It is in Valdoltra, 14 miles from Trieste.)

25. Ospedale "Principe di Piemonte" per gli Orfani di Guerra, v. Manzoni 8. (This hospital is no longer in existence. It was privately owned by a Jewish physician and maintained for orphans of the last war. He was particularly interested in tuberculosis, and is said to have done much research.)

26. Ospedale Psichiatrico Provinciale "Andrea di Sergio Galatti", v. S. Cilino, n. 12. (This hospital is described as a splendid institution able to house 2,000 patients. It comprises four-storied separate buildings. It had excellent sanitary and recreation facilities; tennis courts, basketball courts, and a soccer field were available. It had a large staff of male attendants and a few female nurses. The medical staff was inadequate and the visiting physicians spent the hours of eight to twelve and five to seven in daily attendance at the hospital. There was an excellent division of neurosurgery, headed by Dr. Prieste, with an operating room. Medically, the institution was under the influence of the Viennese tradition. Because of the isolation of the hospital, young physicians did not seek jobs there. The older physicians were not under Fascist influence. Since the institution was under provincial rather than city supervision there was less Fascist political pressure. Treatment seems to have been progressive, e.g. shock therapy had been used and malaria was being used for general paresis. The patients were

psychiatric and neurosurgical. There was also a division for aged chronics. This is said to be an ideal institution for military purposes.)

27. Ospizio Cristiano (Internazionale), via Roma 28.
(This may be a hostel. Informant had never heard of it, although a lifelong resident of Trieste.)

The following three institutions are not mentioned in the I.S.T.D. list:

The Casa di Cura Policlinico and Casa di Cura Chirugica "Igea" are hospitals with operating rooms. The "Sanitario Triestino", via Rossetti, was reserved for wealthy patients who could afford its excellent nursing service and large suites. It has an operating room.

Appendix 2 gives data gathered from interviews with Italian refugees on medical institutions in some of the larger cities of northern Italy.

b. Sanitaria. The Fascist tuberculosis insurance plan has proved very popular and the insurance companies, partly at the instigation of the government, have built many sanitaria throughout the country. They are said to have been built of simple materials, and to be well-equipped and efficiently-run.

Appendix 3 gives the principal tuberculosis sanitaria in northern Italy.

c. Spas. A list of the best known spas in northern Italy is given in Appendix 4. The facilities, hotels, sanitaria, and physiotherapy establishments can be used advantageously for our recuperating troops or for civilian patients. Although balneotherapy has been largely neglected in the United States there is unquestionable scientific and empirical evidence to prove its value as an aid in the treatment of many mental and physical diseases.

3. Medical equipment and supplies. Few details are available on hospital equipment in general. It has been reported that there is a shortage of alcohol, sera, bandages, soaps, antiseptics, anaesthetics, insulin, and instruments. In view of the probable looting of movable equipment, it can be conjectured that much equipment will be destroyed or removed by the retreating German army.

In the past, the production of pharmaceuticals has been controlled by the Montecatini group through its subsidiaries, Farmaceutica Italia, with factories at Torino and Milano, or by S.A. Carlo Erba who have their principal plants at Milano and Ozzaro. Italy depends principally on overseas supplies of raw materials for such natural pharmaceutical products as opium, and quinine, but is said to have been almost self-supporting in iodine, which is obtained from the mineral springs at Salsomaggiore (near Milano). No estimates are available on the remaining supplies of cinchona bark necessary for the manufacture of quinine; nor are figures available on the supplies of the Italian synthetics "Chinodora" and

"Italchina". (A list of medical supply houses in Italy is readily available in the Annuario Sanitario Italiano, edited by Dott. L. Meille and printed by Tipografia Litografia, Carlo Accame, Torino in 1939. This publication also lists pharmacies and medical institutions, publications, schools, personnel, and societies.)

4. Medical personnel (See Appendix 5.)

a. Doctors. North Italy has a number of good medical schools. Torino is said to have the best medical school, using teaching methods comparable to those in the United States. Class discipline is strict. The medical school at Bologna is reported to be one of the best and most advanced in the country. It is connected with the University but is housed in a separate group of buildings in the town itself. The buildings are comparatively modern, having been constructed since 1930. All branches or departments are contained in this group except orthopedics, which is in a separate building on the outskirts of the town. Milano and Padova have very good schools. Genova's medical school is not as good as those mentioned above.

Physicians are graduated from medical school after a 6-year course. Each diploma is graded on the basis of 110 points. Diplomas bearing a grade under 95 usually indicate mediocre or worse preparation in medical school.

The basic sciences are studied during the first two years. The second two years are devoted to a theoretical survey of clinical subjects with special emphasis on medicine, surgery, and pathology. The last two years are devoted to clinical work; elective courses may also be taken during this period. In 1938, Turino University started the practice of requiring comprehensive examinations on the work of the first two years before passage into the third year. The clinical teaching at the northern schools, which have access to all the larger hospitals, is said to be very satisfactory. Contrary to the usual practice in the United States, Italian medical schools may use any public hospitals or clinics they choose, for teaching purposes.

After graduation each physician must spend six months as a voluntary assistant in a large city hospital - two months each in surgery, medicine, and obstetrics. He is then eligible to take the examinations for licensure allowing him to practise in any part of the kingdom. Following this six months' assistanceship the physician spends two or three years without pay in further hospital work, during which time he does not live at the hospital, as does the American interne. After this he usually becomes a regular assistant on a hospital staff at a salary of about three hundred lire a month and gets an appointment as an insurance system doctor to supplement his income by about eight hundred lire a month. He may also start a private practice.

Graduates usually practise in their home communities. In general, surgeons are best paid because of their longer hours of work. It is reported that small town doctors are not up-to-date, lacking reading time and money.

Certain problems have traditionally presented themselves to the young physician. First, there is a surplus of doctors in the large centers. Second, there is difficulty in developing a private practice, necessary to supplement the insufficient pay, because there are few private patients and they go to well-established older practitioners. Third, opportunities for advancement of hospital physicians are limited by the life-tenure positions held by the chiefs of divisions. A list of the pre-war physicians, giving their specialties and their addresses, is readily available in the Annuario Sanitario Italiano, 1939 already mentioned under hospital equipment. A list of physicians known to have practised in some of the larger North Italian cities is to be found in Appendix 6 of this report. Comments as to their medical ability and their political views have been noted whenever such information was given by the Italian informants.

b. Dentists. The general level of dentistry is poor because of the failure to give adequate dental training. There are two types of dentists at present. First, graduates in the regular medical courses, all of whom receive six months of dental courses followed by one year of specializing, and may then practise dentistry. Second, the older group of men, who were practising before 1918, and who have had no specialized training. Most of the population prefers to use these older dentists. Dentistry is not included under the social insurance system.

c. Nurses. There are many nursing nuns throughout Italy. They are trained by senior nuns in their own convents. Their functions include administration and supervision as well as bedside nursing.

The training of small groups of Italian women in the United States under Rockefeller auspices, from 1925 on, seems to have made little impact on the quality of Italian nursing, despite the establishment of a number of training schools under Red Cross supervision (see Appendix 7 for list of accredited schools of nursing in North Italy.) In general, Italian nursing ranges from poor to very bad. It is unlikely that Italian nurses would compare favorably in most instances with our "better "practical" nurses.

Operating-room nurses are not directed by nurses as they are in the United States, but are casually supervised by physicians. Assistance in the operating room is often given by young medical students if there is a medical school connected with the hospital. There are no male nurses unless the male attendants at psychiatric institutions can be considered as such.

Public health nursing is unknown in the American sense of the phrase. Nurses are trained at the city hospitals under medical school supervision. At Trieste, for example, the nurses' education is under the auspices of Padova University, and under the strict supervision of the Fascist Providenzia Sociale. The duties of the "public health" nurse in Italy are largely political in nature, in that the nurses must check on sick leaves of all absentee workers. They are said to give minor bedside care and to enforce certain sanitary regulations.

d. Physiotherapists. Physiotherapists, in the American sense, are not known in Italy. There are no training schools for this specialty, although at the larger centers, massage therapy is often done by trained blind workers.

e. Midwives. Midwives are trained at regular schools, which are under the supervision of physicians. They must pass licensure examinations in order to practise. (For a list of the midwifery schools in Italy, see page 77 in the Annuario Sanitario Italiano, already referred to above.) It is the midwife who is responsible for most of the abortions, since physicians rarely attempt them because of the severe penalties involved.

f. Veterinarians. It is the opinion of an army officer recently returned from the Italian zone of operations that veterinarians receive good training and that the quality of veterinary care is of a high level. (For a list of veterinarians in Italy prior to the war see the Annuario Sanitario Italiano, 1939 mentioned above.)

g. Pharmacists. Pharmacists are well-trained graduates of a four-year university course and pharmacies in Italy are truly apothecary shops. (A full list of pharmacies is given in the Annuario Sanitario Italiano, 1939.)

h. Quality of medical personnel. There is considerable difference of opinion regarding the standards of medical practice. Among the leaders of Italian medicine are physicians who would seem to compare favorably with the better trained and best qualified American physicians. The average medical practitioner probably is not as good as the average American physician.

As to modern methods of treatment, there are varying reports. Reports from POW camps indicate the use of recent techniques in some cases, when supplies and equipment were available. In other cases the therapy and the technique are strange or very bad. For example, there is competent knowledge of malaria therapy and vitamin therapy; at the same time one finds sulfapyridine being used in varicella cases and surgeons operating continuously without a change of gloves or gown.

With almost no exceptions, Italian nursing care and technique standards are very low with inevitable adverse effects on the hospitalized patient.

5. Sanitation. In the large centers, sewage disposal facilities are said to be modern. At Trieste, sewage is carried in underground canals to the ocean; small underground rivers which drain into the system effectively flush the sewage. It is reported that the piped sewerage system in Bologna is efficient and that the two disposal plants located well beyond the city limits are adequate. That sewerage disposal systems are not adequate in rural areas is indicated by the large number of typhoid cases reported as late as 1942(see Appendix 8). The use of night-soil as fertilizer is undoubtedly widespread in rural areas. This practice is certainly a large contributing factor in the continuing high incidence of typhoid.

The methods of garbage collection vary from city to city. In Trieste, garbage was collected once a day by the city trucks, said to be of the New York-type enclosed truck. At Genova and Chiavari it was collected by open trucks with possibly a canvas cover.

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The garbage in Chiavari is sold to private buyers who retail it to farmers in the surrounding countryside, where it is used to fertilize truck-gardens and orchards. In Bologna the garbage disposal system is said to be old and primitive, with inadequately covered, horse-drawn wagons in use. In Milano both old-and new-type garbage trucks are used. Apartments with central heating have floor dumps or chutes to the cellar where an incinerator burns the garbage.

Although all wells are supposedly under strict government supervision, many of them are described as being unsanitary. (For a detailed discussion of water supply see Section 1400.2).

Pasteurization is still not widespread nor is there any evidence to indicate that boiling milk is a usual practice. It is reported that in Milano the Centrale Latti is efficiently operated along sanitary lines and the milk good. There is no pasteurizing plant in Bologna. In the cities the usual practice is to have the milk delivered directly by the farmers, who bring the milk in large jars or cans to the consumers. The inspection of dairy herds is not strict although all farm animals are supposed to be registered with the government. In the northeastern area all milk should be suspect if it comes from Istria, where civilization is primitive generally and is indescribably bad in sanitary matters.

Trichinosis is an ever-present danger since meat inspection and storage are generally poor. The large northern cities are said to be as clean or cleaner than American cities of smilar size. In the crowded industrial areas, housing facilities are poor with the exception of an occasional Fascist demonstration housing project.

6. Prevalent disease problems. The most recently available statistics on disease incidence are given in Appendix 8. Since figures are given for a one-month period only, this statistical sampling is not definitive and the picture can be assumed to be understating the facts. Reference should also be made to other tables showing disease morbidity and mortality which are to be found in the I.S.T.D. and M.I.S. reports already mentioned, and to Figure 2 and Appendix 9. It should be noted once again that all Italian statistics may be influenced by political considerations and should therefore be used with much caution.

From Appendix 8 it may be seen that the following disease occur in no unusual proportions: measles, chicken pox, whooping cough, cerebrospinal meningitis, acute anterior poliomyelitis, encephalitis lethargica, and puerperal fever. Very few cases of the following diseases are reported for this area: leishmaniasis, ancylostomiasis, rabies, and anthrax. Undulant fever seems to be a problem in all the northern compartimenti. This would indicate that strict supervision of dairies, slaughter houses, and feeding establishments will be necessary.

a. Typhoid fever. Typhoid fever has been a problem in 1942 and is potentially an epidemic disease under the worsening wartime conditions. (See Appendices 8 and 9). A detailed study of water as a source of typhoid infection is included under Section 1400.2 of this report. Typhoid incidence is particularly high in south-central Lombardia, southeast and east of Milano. (See Figure 4.) In Italy there has been at no time a thorough check on typhoid carriers. Milk, since it is unpasteurized and unboiled in most instances, represents a major possible source of infection, but the widespread use of raw, insufficiently cleaned vegetables from soils contaminated with human excrement may be the chief source.

b. Malaria. Although there had been a great reduction in malaria incidence during the past twenty years as a result of the Rockefeller Foundation program, and although the North never was as seriously afflicted as the southern coastal plains, malaria is still present.

No figures are available for the last several years but the disease can become widespread under the breakdown of administrative control and with the disappearance of reserves of quinine and anti-malarial synthetics. The Po Valley is malarious; mortality in this area is not high but the disease is widespread in mild form. The malaria vectors of the North Italian plain are given in Appendix 10. The malaria morbidity and mortality for this area are given in Appendix 11; predictions based on past studies are included in this table. The city of Trieste is malaria free.

The Po delta has the highest malaria death rate. Extensive reclamation has been carried on in the delta to create agricultural lands and to eradicate malaria. A vast system of dykes has been erected a few miles back from the Adriatic and a huge pumping plant at Co-di-Goro discharges fresh water into the lagoons at the rate of 31 cubic feet per second. This project has been successful and malaria exists only in a small way now among the fishermen who inhabit the lagoons. This is allowed because the fishing industry is too important to carry the reclamation work right to the shores of the Adriatic. Farther south, at Rimini, another type of reclamation work has been in operation for the same reasons, and malaria has been eradicated from that area. There was another malarial area along the Adriatic between

Venezia and Udine. Reclamation work was started sometime before the war and progressed well but was not completed. It is not known whether work has continued on it since 1940, or what the actual conditions are at the present time. The large rice fields near Torino and Milano are not foci of danger. Since rice grows in moving water, most mosquitoes, though very prevalent, are not of the malaria-carrying type.

c. Tuberculosis. Tuberculosis will be possibly the most serious health problem in Italy. Statistics are inaccurate and give only the barest indication of its widespread incidence. The pre-war death rates from tuberculosis are shown in Figure 6. Appendix 12 gives the mortality rates for a recent five-year period. For purposes of comparison, Appendix 13 is included, showing the rates in the United States since 1900. At a glance, it is evident that the Italian rates far exceed our own. Tuberculosis is everywhere widespread in all its stages. The amount of preventive work done by the Fascists is exaggerated. It is the failure of adequate preventive measures which is responsible for the pulmonary tuberculosis in all age-groups and particularly the bone and joint tuberculosis of children.

Appendix 14 shows the total sums collected in each province for the period 1935-1939.

d. Typhus. Scattered reports reveal that typhus has been imported to Italy during the war period although there are no official Italian reports to indicate how widespread the disease has become. Occasional refugees have reported typhus among the civilian population within the past year. The disease may assume epidemic proprotions as civilian morale and governmental control break down. (There is some confusion in the diagnosis of typhus by the Italians and more confusion in the translation of the word. Typhus is usually called "Tifo petecchiale"; typhoid fever is "Tifo addominale" or "Febbre tifoide". Lay people, in particular, are apt to refer only to "Tifo" thus making it impossible to know exactly what they mean.)

e. Venereal disease. Italian statistics are notoriously poor concerning all venereal diseases. The most recent figures estimate that there were 750,000 luetic patients in 1937, and that there were thirty thousand congenital syphil~~l~~itic deaths annually as well as a hundred thousand congenitally malformed newborns, due to this same disease. Venereal diseases present a great challenge to occupying officers. Syphilis and gonorrhea are widespread and may even be out of control in the cities. Primarily the problem is economic. Not only is the brothel an important source of infection, especially because of the bi-weekly transportation of girls from one city to another, but a large number of girls from ten years of age up turn to prostitution in order to get money to buy necessary foods on the Black Market, thus constituting another reservoir of venereal disease. Despite a very popular Italian notion that the licensing of prostitutes solves the venereal disease problem, it is abundantly clear that such has not been the case: first, because of the "Black Market" prostitutes, and second, because the control of the licensees is poor at best and fundamentally a fallacious approach to venereal disease prevention. It is statistically provable that when brothels close, venereal disease rates go down.

In Italy, houses of prostitution and their inmates are supposed to be examined once or twice a week by the local physicians, under police supervision. Ostensibly, each prostitute is careful to furnish prophylaxis directly after intercourse to her customer. Even if this has actually been done in the past, it is certain that it is not being done now in view of the shortage of prophylactic drugs. Nor can public health authorities ever assume that individual prostitutes will ever follow statutory regulations in matters of prophylaxis. The belief of the United States Public Health Service, that all brothels no matter how well regulated they may appear to be are a social evil, is well-founded in fact.

f. Amoebic dysentery. Amoebic dysentery was very common following the return of soldiers from the Ethiopian campaign. The disease is still present in North Italy and may be much commoner than is reported in Appendix 8. The potential danger represented by asymptomatic carriers and by misdiagnosed cases is great, and control will require strict sanitary supervision of drinking water and food, particularly in public places.

g. Scarlet fever (See Appendix 8 and 9.) Scarlet fever is found frequently. Although there are no recent reports of epidemics the crowding, poor housing, and malnutrition of the northern industrial areas can serve as the springboard from which the disease may advance into epidemic proportions.

h. Diphtheria. Diphtheria is common (see Figure 3, Appendices 8 and 9) despite the practice of immunization during recent years. There is some disagreement as to the diligence with which the problem of general immunization has been met. It is said that there are many untoward reactions from the diphtheria toxoid used; this is probably due to the use of contaminated sera, especially those manufactured in the smaller laboratories. The Istituto Siera - Terapico is said to prepare good vaccines and sera.

i. Pellagra (See Appendices 8 and 9). Most informants agree that there was not much pellagra in this area at the time of their departure several years ago. The Italian statistics bear them out. However, one informant states that pellagra is more prevalent than the statistics indicate, the disease being largely confined to the northeastern part of the Po Valley, between Milano and Venezia. The prevalence was attributed to vitamin deficiencies and diets composed largely of carbohydrates, The peasants ate cereals and beans, in various forms. Fruits and vegetables were used principally for exports. The situation was improved somewhat by a Fascist decree that husks be retained in the milling of corn flour. The problem was not solved, however because of Fascist politics which allowed the adequately equipped mills to be put to other uses. The peasants resumed milling their own flour, which now no longer contained the decreed husks with a resultant increase in pellagra. This increase was glossed over in official reports and not published in medical reviews.

j. Mental Diseases. Appendix 15, giving the mental hospital census for 1938, is included since mental illness, always a difficult community problem, will undoubtedly have increased in seriousness because of war conditions in Italy.

k. Mushroom poisoning. There should be some means of effecting careful supervision of mushroom distribution. Mushrooms are a very popular item in Italian diet but there is much confusion in the differentiation of toxic and non-toxic species by the average layman. The toxic species may cause death or serious illness. Some communities are supposed to require the inspection of all mushrooms brought to town by the peasants before sale. However inspection is usally avoided, with resultant sporadic outbreaks of mushroom poisoning.

l. Prophylactic measures. Vaccination against smallpox is compulsory and has been effective, since almost no smallpox is found in Italy at present. Vaccination is usually done in the first year of school. Diphtheria immunization is well known in theory, but is not as widely used as it should be. All soldiers receive typhoid and paratyphoid injections as did the civilian populations in some areas. It is obvious from recent statistics showing cases of typhoid that typhoid vaccination is not universal among the civilians. Whooping cough immunization is not usually done prophylactically on children but is said to be used therapeutically on afflicted patients (a relatively useless procedure, since no known pertussis vaccine is of therapeutic value). It is not known whether the immunizing agent is Phase I Hemophilus or an antigen. Scarlet fever immunization is not used.

m. Quarantine. An excellent source book outlining quarantine regulations is the Organizzazione Sanitario in Italia, edited by Prof. C.A. Ragazzi, in the Opera Medica Series published by A. Wassermann and Company, Milano. This inclusive book should be easily obtainable in Italy. The address of the printer in 1934 was Via Valparaiso 3, Milano. It contains reproductions of forms which might be used for reporting infectious diseases and deaths, and includes information on public health and sanitary laws and regulations. Appendix 16 lists the infectious diseases reportable by law.

The actual isolation and placarding of houses for the usual contagious diseases is haphazard and lax. Although all legally reportable diseases are supposed to be hospitalized, it is known that many patients never seek admission and are treated at home either with or without the assistance of a physician. Each town hospital, even in small towns, is said to have isolation wings or at least an isolation ward. It is relatively easy to convince the average physician to desist from reporting communicable diseases, particularly since in so doing he may avoid what is to him excessive red tape.

7. Infant birth and mortality rates. The birth rate varies regionally, being higher in the agricultural areas of the south than in the industrial north. Appendix 17 gives both the birth and infant mortality rates for the larger northern cities. Figure 7 shows births and deaths by compartimenti. On page 53 of the IS.T.D. report, there is a table giving infant birth and death rates for 1937 in Italy. Infant mortality is high in Lombardia Venezia Tridentina, and Venezia Giulia e Zara, ranging from 102 to 124 per thousand live births per year, compared with the national average infant mortality rate of 109. The rates for the other four compartimenti range from 67 in Liguria to approximately 82 for

the other three compartimenti. (In the United States, the infant mortality rate was 56 in 1935, and 47 in 1940.) In general, the infant mortality rates are much higher in rural areas than in large towns (Figure 5.) Widespread use of midwives for deliveries, and the fact that few deliveries take place in a hospital, are two important factors in keeping the Italian infant death rate so high. Infantile diarrhea is responsible for the greatest number of infant deaths; respiratory diseases (bronchitis and pneumonia) rank next in importance.

A report on Relief Problems as Related to the Health and Welfare of Mothers and Children in Italy, prepared by the Children's Bureau of the United States Department of Labor, for the Office of Foreign Relief and Rehabilitation, dated September 1943, gives a good outline of maternal and child health problems in Italy. The following highly significant notes regarding mortality of hospitalized children in Torino are taken from this report. The total mortality of hospitalized children was high and 20 percent of all cases were attributed to poor environmental factors in the home. Hospital care was often too late to be effective. About two-fifths of the total deaths took place in the first three days of hospitalization and one-fifth on the first day. Most deaths occurring in the first three days were children under two years of age and a large number were of children under one. About one-half of the deaths in the first three days were due to gastrointestinal disease; in one-quarter of the cases, death was due to respiratory diseases. Besides the age factor, the most important factors predisposing the children to these diseases were judged to be the poverty of the average family, poor home conditions, and the delay in hospitalizing the sick child. Many of the children dying within three days belonged to working mothers. There were also many illegitimate children in the group, and children who were deserted by their parents after admission to the hospital.

8. Maternal and child welfare. The following organizations provide health and welfare services for mothers and children: the Opera Nazionale per la Protezione della Maternita e dell' Infanzia (O.N.M.I.): the Roma Institute of Public Health: the Casa della Madre e Bambino, which had two hundred centers in 1940: the Gioventu Italiana del Littorio: the Opera Nazionale Dopolavoro, and the Unione Italiano di Assistenza all'Infanzia. These organizations, as well as independent schools and institutions, both public and private, charitable organizations, professional syndicates, industrial societies, the National Institute for Social Insurance, other social assistance organizations of the Fascist Party, local law courts,

and all health and medical services in so far as they relate to mothers and children, function through the local committees of the ON. M.I. and provincial federations. Thus all aspects of social assistance for children and mothers are closely linked and united in one central body, and all existing resources are at the disposal of the O.N.M.I. The maternal and child health centers are run largely by volunteers, these women being closely associated with the Party and hence able to carry on extensive propoganda.

In 1937, the O.N.M.I. operated 4156 children's clinics and 1126 stations for milk distribution to children. In all large towns and in many smaller ones the Maternal and Child Health Centers served the community with pediatric and pre-natal care and a mothers' restaurant.

For a good outline of maternal and child welfare problems, the report prepared by the United States Children's Bureau, mentioned above, should be consulted. This report covers in some detail the following topics:

a. Special relief problems of children and expectant and nursing mothers. This includes a discussion of feeding, medical service, shelter, and schools as they relate to maternal and child health.

b. Social legislation and insurance applicable to women and children. This includes an uncritical discussion of all social insurance affecting women, marriage, pregnancy, illness, and industry.

c. Administrative structure of health and welfare services for mothers and children. This covers both private and governmental health and welfare agencies and their functions. It does not contain a critical study of the political implications of the organizations described.

d. Health and welfare problems and services for mothers and children. This covers pre-natal clinics, feeding stations, delinquent children, handicapped children, nurseries, child labor, and orphans and waifs.

9. Birth control and abortions. The dissemination of birth control information is prohibited by law, and no physician would venture to supply a patient with diaphragms of contraceptive jellies because of the penalties involved. Condoms were available in drug stores but no specific evidence is available to indicate the extent of their use. They were imported chiefly from Austria.

Legal interference with pregnancy is very rare; most of the illegal abortions are performed by midwives, very few by physicians.

10. Existing public health organization. The administrative structure of public health and sanitary departments is outlined in sufficient detail in the CAD Handbook on Italy, Section 13, on Public Health and Sanitation. Briefly, all municipalities in Italy, large or small, are required by law to have a Board of Health, consisting of at least one physician (the Medico Communale), one midwife, and one veterinarian. If the town or village is quite small the physician is allowed to engage in private practice in order to supplement his frugal income.

Bologna had 15 municipal doctors in 1939. Their duties included general public health work, and supervision of public clinics, water supplies, sewage disposal, garbage collection, and abbattoirs. It is the responsibility of these municipal doctors to compile the city list of indigents. This list was revised every six months and all people on the list, plus their families, were entitled to free treatment in the City Hospital clinics and in the Medical School clinics and hospitals. This also applied to the municipal venereal disease clinic located at the Town Hall. All these people were furnished with identification books.

11. Social Insurance (See Appendix 18). Time available for research does not permit inclusion of details of the Italian social insurance system in this present report. So many changes have been made in this field by the National Republican Fascist government that a study of earlier material, which would be of little use, is not included here.

Although the legal outlines and official reports describe excellent social welfare services, informed observers advise that in actuality the program was largely limited to the cities and more prosperous provinces, and that both personnel and services were far from adequate despite administrative provision for them. A leading Italian physician says that "a large number of services which are described in fascist publications exist only as plans which were never carried into effect, or were only carried into effect in experimental proportions in certain areas or in certain regions."

It is important that the occupying authorities follow a social insurance plan. A breakdown in this system would cause as serious a decline in morale as a breakdown in the salary system would in the United States.

C. Recommendations.

1. Introduction.

a. Organization of administration. The occupying officer, directly after setting up his quarters in a given town, should set in motion the machinery for getting the utmost community cooperation. Otherwise the program is defeated before it starts. Much can be accomplished by leading; infinitely less by driving. Primarily it is the responsibility of the community to help itself stay well, to improve its medical care program, and to fully support all the activities necessary to extend sanitary and health facilities. Each community has men of integrity who should be used to guide our authorities. The American administrator can follow, with modifications necessitated by on-the-spot observations, the following procedure.

I. Call in the medico provinciale.
or II. Call in the medico communale.
and/or III. Call in the podesta.
and/or IV. Call in local physicians known to be politically reliable.

The podesta is likely to be the least reliable because of his political connections, since he is hardly likely to have been appointed to his job without the approval of the local Fascist authorities. The medico provinciale and communale are less apt to have strong

Fascist connections, even though they may have been Fascists for convenience. In any case there will be many people who can be relied upon to give trustworthy information concerning both the administrative physicians and the practising physicians.

As a guide in evaluating the local physicians there is appended a list of physicians (Appendix 6) by no means complete since it is based on the recollections of Italian refugees in the United States. It will be seen that some of the physicians are considered politically very unreliable but medically well qualified; others are very anti-Fascist and of good medical capabilities, and still others vary in the degree of their Fascist sympathies and their medical qualifications. Some of the people may by now be in POW camps or dead; others may have moved.

From the non-Fascist or anti-Fascist physicians named it should be relatively easy to learn the reliability of medical personnel in their own communities and in communities not cited in our appended list. Among the prisoners of war in Sicilia were some well-qualified physicians, originally from the mainland, who can be used in supervisory capacities. They gave full cooperation to American and British medical authorities.

A committee of the local doctors should be assigned the task of quickly preparing a report on the prevalence and types of disease; on the number of physicians, and other medical personnel immediately available, and their specialties; on the number of hospital beds; on the medical supplies and equipment on hand; and on the total number of hospitalized patients and their diseases.

Despite the realization that the entire level of Italian medicine cannot be suddenly raised to completely modern standards by American authorities, certain improvements can be made which will facilitate administration and benefit the population. Again it should be emphasized that the job can be done only by enlisting the sympathy and efforts of Italian medical men.

b. Provisions for nursing. Competent American nurses, preferably Italian-speaking, should be selected to supervise hospital nursing. These nurses, with the assistance, when necessary, of United States physicians, should give lectures and demonstrations teaching the fundamentals of bedside nursing, and operating room, sterilizing, and other techniques. This training should be given to as many people as are necessary to give a minimum of decent hospital care, including the present poorly trained nurses, and to other girls (16 years and older) who indicate a desire to help. The provision of one nurse to every 4 acutely ill, 8 semi-acutely ill, and 12 convalescent patients, the American ideal, will be out of the question and the ratio will have to be decided when the number of nurses and patients and the types of illness are known.

Not only will the education of Italian nurses benefit the individual patient but it will allow the doctors to care for more patients, since many of their minor tasks can be carried out by nurses. These tasks might include, for example: hypodermoclysis, intramuscular injections, simple laboratory procedures, and preparation of operating rooms for surgical procedures (this latter now done mostly by physicians). Since there will be a shortage of younger physicians a great burden will fall upon the older ones and it is important that their efforts be spared as widely as possible.

c. Development of a standard pharmacopoeia. A standard pharmacopoeia should be formulated prior to occupation, and copies should be widely circulated among medical personnel, including pharmacists. It should follow, in some measure, Italian therapeutics, though certainly there should be no hesitancy in eliminating obviously useless drugs. With the inevitable shortages of necessary drugs, all efforts should be expended in producing these, and not in wasting productive capacity manufacturing many of the drugs which are simply therapeutic encumbrances, used for traditional, not scientific reasons. This step can also insure some degree of improvement in therapeutics, as well as simplifying the requisitioning of medications. It will automatically eliminate much quackery/and the dispensing of nostrums.

d. Provision of refresher lectures. If the local physicians appear not to resent the occupying medical officer it should be possible to introduce, at intervals, refresher lectures, so that newer medical advances can be taught and demonstrated. In rural areas, particularly, this will be tremendously valuable as an aid to rehabilitating the physicians directly and the population indirectly.

e. Provision of nutritional essentials. Basic to the entire program of medical care is the provision of 2000 calories per day to most of the population. Polyvitamin therapy will be necessary for this malnourished population. The vitamins can be distributed through convenient stations in sufficient but not wasteful quantities. No propaganda is necessary for teaching the importance of vitamins, as most of the people have learned about them from the manufacturers' advertising. The medical care program must naturally be concerned with the provision of the basic necessities of life; food; shelter, and clothing, though its administrators can only emphasize the close relationship of these items to health and cannot be responsible for procuring them.

2. Prostitution and brothels.

Prostitution is a hardy weed and constant attention is needed to keep the gardens reasonably clean. It can be done only with full community support. It must be done if our occupying forces are not to suffer greater disability from venereal disease than from bullets. And it has been amply demonstrated during this war, if further evidence is necessary, that prostitution is a potent breeder of these diseases. The belief that prostitutes can be made safe and sanitary by medical control, and by segregation and regulation rather than by repression, is based on misinformation. It is not anticipated that prostitution will be suddenly eradicated, but it can be reduced. The medical officer should first enlist community aid, then close up all brothels, licensed and unlicensed. The solution of this problem will be greatly aided by the distribution of food and clothing and the provision of employment. The problem of the unlicensed girls under 16 who have been driven to prostitution in order to avoid starvation is largely solved when they are given food.

Repressive measures will have to be directed against the facilitators -- the madams, cab drivers, hotel attendants, owners of cheap rooming houses. Their financial interest in the exploitation of prostitution increases the number of men subjected to the risk of infection, since the individual prostitute working independently can infect relatively few soldiers or civilians.

Specialists in venereal disease control should be put in charge of clinics and emphasis should be placed on early diagnosis and treatment to render the individual non-infectious. Histories should include an investigation of contacts, to discover sources, and compile lists of the places where infection is acquired. The entire program of civilian control should be built around the U.S. military venereologist in each area. He should plan the education, prophylaxis and therapy for civilians, administrators, soldiers, and local physicians.

3. Prophylactic immunizations.

Clinics should be set up for immunization against preventable disease. All children from 8 months of age through the elementary grades should be immunized against diphtheria with either Ramon's anatoxin (three 1-cc. doses, one week apart) or with alum precipitated toxoid (two 0.5-cc. doses -- 3 weeks apart).

The entire population, except individuals who present credible evidence of recent prophylaxis, should receive typhoid inoculations, using typhoid-paratyphoid vaccine in the usual doses.

Smallpox vaccinations should be encouraged for all children beginning in the 8th month of life, rather than waiting until entry into school as they do at present.

Pertussis vaccine (Sauer's) should be given to all children between the ages of 8 months to 5 years. The dosage should be 1 cc., 2 cc. and 2 cc. of the double-strength vaccine (20 billion killed bacteria per cc.) given at intervals of 3 weeks.

A supply of immune globulin (placental) and convalescent measles serum should be kept on hand for use in case of measles outbreaks. It should be used therapeutically on the ill and prophylactically on the contacts, particularly those under 6 years of age. This immunization, although passive and lasting only several weeks, will prevent measles in a majority of cases if given within a few days after exposure, will forestall many cases of possibly fatal bronchopneumonia among the ill, and will cut down the severity and duration of symptoms. Administratively these latter facts are important because they result, among other benefits, in keeping down hospital censuses and leaving beds open for non-preventable disease.

The following simple procedure, involving a minimum of equipment, technique, and supervision has been successfully used in some American pediatrics wards as a means of preventing certain cross infections, especially from diphtheria and measles. When the child is admitted 50 cc. to 100 cc. of blood is taken from either parent. The blood is delivered into a sterile flask, covered, and refrigerated overnight -- allowing the serum to settle out. At the same time a specimen of the blood is checked by one of the rapid serology methods, as the Laughlin, for syphilis. If the blood is found negative, the parental serum (25-35 cc.) is then drawn directly into a syringe and injected intro-gluteally into the child on the morning following admission. Routine practice of this procedure will result in keeping pediatrics wards open when control wards will have been quarantined because of the spread of undiagnosed contagious admissions. The procedure likewise picks up many unsuspected cases of syphilis among adults.

The use of typhus vaccine will be dependent on

(1) number of local cases
(2) movement of population
(3) availability of vaccine
(4) number and efficacy of delousing stations
(5) availability of soap and water

The medical officer will have to use his own discretion in advising typhus shots for control but will most likely be confronted with vaccine shortages. He will than have to depend on strict quarantine of all cases or suspects, on the distribution of soap, on the erection of community shower baths, and on proper delousing facilities. Here again the emphasis must be on prevention if he is to avoid the greater problems of lengthy therapy of what may become an epidemic disease.

4. Tuberculosis.

All school children should be screened for tuberculosis. Use of the Vollmer patch, removed in 48 hours and read at 96 hours, will accomplish this most rapidly. The work can be done, except for the reading, by an intelligent adult, who can be trained in a few minutes in the proper application of the patch. All positive cases can then be surveyed roentgenologically. Positive tests will be less significant in the older age groups (above 16) and the screening will have to be done roentgenologically. "Open" cases, if known or discovered, should be separated from their family groups immediately and hospitalized. Even if little active therapy can be effected for them at least they will no longer serve as foci of infection to the community.

To expect the occupying authorities to eradicate tuberculosis is to expect the impossible. If they can complete the work among the school children through maternal and child health stations they will have made enormous strides. The widespread incidence of tuberculosis is so closely interwoven with the economic structure of the country that fundamental economic changes will be necessary before the disease can be completely controlled. The incidence of tuberculosis varies inversely with the family income, and the percentage of cases will be greatest among the low income groups. Hence, the impossibility of any medical miracles if the activities of medical officers are isolated from other governmental activities.

5. General health and sanitation procedures.

There should be rigid enforcement of all quarantine regulations. Houses should be placarded prominently; contagious disease patients should be removed to isolation wards where possible. If no isolation facilities are available a structure can be designated for the purpose if it has running water, or is convenient to water and can be made sufficiently warm in winter.

The generous distribution of soap will aid in lifting community morale and in averting some cases of pediculosis impetigo, ringworm scabies, and typhus. Women volunteers can be organized to give baths at least once or twice a week to all school children. This can be accomplished either at the school or at the nearest building having facilities for a few shower installations and hot water. The school children can also be given their vitamins in the classroom as often as is necessary, depending on the potency of the preparations available. Physical examination of each school child should be made by school health physicians assigned to school supervision.

All water supplies should be chlorinated, unless proven safe by test, and where chlorination is not feasible in rural areas the peasants should be urged to boil their water. Here again, the school can be used as a propaganda center, constantly urging the students to enlighten their parents orally and sending educational literature home via the children.

Local Italian health authorities should be required to submit bacterial counts of water samplings from all sources at regular intervals.

Local veterinarians should report on slaughter houses and dairy herds, tuberculin test all cattle, and supervise the feeding of pigs. In all their activities they will be aided by sanitary inspectors.

Pasteurization of milk should be encouraged, and the boiling of milk insisted on where practicable. Here again much education will be required.

Cold storage plants will be found in few places outside the big cities. The plants should submit regular reports to our sanitary engineers, who will inspect them at intervals.

All public food handlers must be examined and be required to carry certificates of health. Careful examination will reveal open syphilitic lesions, tuberculosis, typhoid carriers, trachoma, and chronic draining pyogenic infections.

The occupying medical officer will encounter sources of occupational disease, the type of disease varying with the industry. His progress in remedying defects in this field will be almost entirely dependent on the cooperation of the native personnel.

In dentistry little can be done; the problem is too vast and the local personnel too poorly educated to attempt any broad or immediate program. Until Italian dentists are properly trained at the universities, Italy's dental health will remain very poor, though proper nutrition will effect a slight improvement. The dental clinic in Roma set up by the Eastman Foundation (Rochester, N.Y.) may serve as the center from which dental enlightenment will come.

Some attempt should be made to run lectures and demonstrations for midwives under United States auspices. The high infant mortality rate in North Italy indicates that there is much progress to be made. If facilities are available for hospital delivery, patients should be urged to give up their traditional delivery at home.

RESTRICTED

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPARTENENZA	NUMERO DEI LETTI
Sparone – Ospedale « Giachino »...	com	A	6
Strambino Romano – Ospedale dei Poveri Infermi	com	CC	10
Valperga – Ospedale Ricovero « Barucco »	com	A	4

PROVINCIA DI CUNEO

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPARTENENZA	NUMERO DEI LETTI
Alba – Ospedale civico di S. Lazzaro	com	A	130
Casa di cura Policlinica	com	Priv	15
Barge – Ospedale civile	com	CC	44
Bene Vagienna – Ospedale Poveri Infermi	com	A	36
Ospedale Poveri Infermi - Reparto Cronici	cron	Succ	11
Borgo S. Dalmazzo – Ospedale civile	com	A	15
Boves – Ospedale civile	com	A	44
Ospizio Cronici	cron	A	89
Bra – Ospedale civile	com	CC	85
Ospedale civile - Reparto Vecchi incurabili	cron	Succ	46
Sanfrè – Osp. civile di Bra - Reparto Vecchi incurabili	cron	Succ	13
Casa di cura « Villa Augusta ».....	com	Priv	22
Briga Marittima – Ospedale civile « Spinelli »........	com	A	25
Busca – Ospedale civile	com	CC	34
Canale – Ospedale civile	com	A	72
Caraglio – Ospedale di S. Antonio	com	A	35
Ospizio Poveri Vecchi Cronici di S. Giuseppe	cron	A	20
Caramagna Piemonte – Ospedale San Giuseppe	com	CC	20
Carrù – Ospedale degli Infermi Poveri........	com	A	39
Cavallermaggiore – Ospedale di Carità	com	CC	64
Centallo – Ospedale di San Camillo	com	CC	31
Cervere – Ospedale civile	com	CC	6
Ceva – Ospedale di S. Maria e S Caterina	com	A	70
Cherasco – Regio Ospedale degli Infermi	com	CC	40
Chiusa di Pesio – Ospedale civile..	com	A	25
Cortemilia – Ospedale di S. Spirito	com	CC	10
Costigliole Saluzzo – Ospedale civile	com	CC	20
Cuneo – Ospedale di S. Croce	com	A	275
Ospizio dei Cronici	cron	A	120
Istituto di S. Michele Arcangelo per rachitici	ort	CC	52
Stabilimento di cura fisioterapica	spec	Priv	10
Demonte – Ospedale civile	com	A	31
Diano d'Alba – Ospedale civile.....	com	A	6
Dogliani – Ospedale civile........	com	A	25
Dronero – Ospedale civico di S. Camillo De Lellis	com	A	40
Entraque – Ospedale di S. Michele.	com	A	22
Fossano – Ospedale Maggiore dei Poveri Infermi	com	A	130
Garessio – Osp. civ. di San Giuseppe	com	A	24
Lagnasco – Ospedale di carità	com	A	18
La Morra – Ospedale del SS. Crocifisso	com	CC	20
Limone Piemonte – Ospedale civile di Santo Spirito	com	CC	22
Mango – Ospizio « Cane »	com	CC	6
Marene – Ospedale per i Poveri...	com	A	10
Mondovì – Ospedale civile	com	A	180
Clinica per chirurgia generale e ginecologia........	ch	Priv	12
Monforte d'Alba – Ospedale civile	com	CC	6
Montà – Ospedale Ricovero « La Divina Misericordia »........	com	A	18
Moretta – Ospedale civile........	com	A	10
Murazzano – Ospedale dei Poveri Infermi	com	A	16
Neive – Ospedale « De Maria » - Reparto cronici	cron	A	18
Ormea – Ospedale civile	com	A	27
Paesana – Ospedale di Carità	com	A	30
Peveragno – Ospedale di Carità...	com	A	20
Piasco – Ospedaletto « Duelli ».....	com	CC	14
Piozzo – Ospedale Infermi	com	A	8
Racconigi – Regio Ospedale di Carità ed Opere Pie Unite........	com	A	50
Ospedale Psichiatrico Provinciale	psich	P	1.090
Revello – Ospedale di Carità.....	com	CC	60
Robilante – Istituto Climatico ...	tbc	Priv	75
Saluzzo – Ospedale civile........	com	A	144
Sant'Albano Stura – Ospedale civile « Ida Pejrone »	com	A	18
Santo Stefano Belbo – Ospedale civile	com	CC	14
Savigliano – Ospedale Maggiore...	com	A	120
Scarnafigi - Ruffia – Ospedale di Carità........	com	A	20
Sommariva del Bosco – Ospedale civile........	com	CC	14
Tenda – Ospedale civile........	com	A	28
Trinità – Ospedale Poveri Infermi	com	A	30
Vernante – Ospedale civile.......	com	CC	9
Verzuolo – Ospedale........	cron	CC	6
Villafalletto – Ospedale di Carità	com	A	26

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PROVINCIA DI NOVARA

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPARTENENZA	NUMERO DEI LETTI
Armeno – Ospedale « Sappa »	com	CC	14
Arona – Ospedale della SS. Trinità.	com	A	48
Borgomanero – Osp. civile di Carità	com	CC	60

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPARTENENZA	NUMERO DEI LETTI
Cambiasca – Sanatorio Eremo.....,	tbc	Priv	190
Cameri – Ospedale S. Michele Arcangelo	com	A	22
Cannobio – Ospedale di S. Maria ed Opera Pia « Uccelli »........	com	A	25
Castelli Cusiani - *Pella* – Ospedale « Albini-Zanotti »........	com	A	6
Cesara - *Nonio* – Ospedale « Moglini »	com	CC	10
Domodossola – Ospedale S. Biagio	com	A	112
Ricovero Mendici e Cronici – Reparto cronici	cron	CC	70
Galliate – Ospedale San Rocco ...	com	CC	34
Ghemme – Ospedale della Provvidenza........	com	A	10
Ghiffa – Casa di cura dott. Rovetta	spec	Priv	100
Intra – Ospedale civile di S. Rocco	com	CC	78
Novara – Ospedale Maggiore della Carità ed Opere Pie Riunite Reparto malattie comuni	com	A	900
Ospedale Maggiore della Carità ed Opere Pie Riunite - Reparto Sanatorio	tbc	Succ	180
Ospedale Maggiore della Carità ed Opere Pie Riunite - Reparto malattie veneree	sif	Succ	25
Ospedale Psichiatrico Provinciale..	psich	P	1.350
Casa di cura Prof. Costa........	ch	Priv	24
Oleggio – Ospedale civile	com	CC	50
Omegna - Osp. Ricovero Madonna del Popolo « Isotta Cappia »........	com	CC	40
Orta San Giulio – Ospedale civile dei Poveri Infermi	com	CC	18
Pallanza – Ospedale civico « Giuseppe Castelli »	com	CC	82
Clinica chirurgica dott. Cavazzani	ch	Priv	12
Premosello – Ospedale civile......	com	A	20
Trecate – Ospedalino........	ch	Priv	9
Varzo – Ospedale « Casa di salute per i poveri del Comune ».......	cron	A	30

PROVINCIA DI TORINO

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPARTENENZA	NUMERO DEI LETTI
Avigliana – Ospedale « Beato Umberto III »........	com	A	12
Bibiana – Regio Ospedale per gli Infermi	com	CC	8
Bricherasio – Ospedali Uniti	com	CC	24
Brusasco Cavagnolo – Ospedale S. Luigi	com	A	4
[illegible]riasco – Ospedale-Ricovero « Consolata »	com	A	14
C[illegible]rignano – Ospedale Poveri Infermi	com	A	40
Carmagnola – Ospedale S. Lorenzo..	com	A	146
Caselle Torinese – Ospedale « Giovanni Baulino »	com	A	22
Cavour – Ospedale........	com	CC	29
Chieri – Regio Ospedale Maggiore degli Infermi	com	A	84
Chivasso – Ospedale civico	com	A	50
Casa di cura dott. Brunero	com	Priv	20
Ciriè – Ospedale civile	com	A	24
Ospedaletto « Camossetti » (Piccola Casa di N. S. del Rosario).......	tbc	Priv	12
Ospedaletto « Ernesta Troglia »...	inf	A	8
Collegno – Regi Ospedali Psichiatrici di Torino – Casa di Collegno	psich	Succ	1.650
Savonera - Regi Ospedali Psichiatrici di Torino - Casa di Savonera........	psich	Succ	500
Cumiana – Ospedale di S. Giuseppe.	com	CC	30
Fenestrelle – Sanatori « Agnelli »	tbc	Priv	274
Foglizzo – Ospedale di S. Carlo...	com	CC	10
Gassino – « Piccola Casa Sacra Famiglia Teologo Mignola »	com	A	9
Giaveno – Ospedale civile.........	com	CC	24
Grugliasco – Regi Ospedali Psichiatrici di Torino – Casa di Grugliasco........	psich	Succ	430
Lanzo Torinese – Ospedale Mauriziano	com	E	48
Istituto Climatico Femminile « Eremo di Lanzo »	tbc	E	180
Leyni – Ospedale Infermi	com	CC	21
Luserna San Giovanni – Ospedale Mauriziano	com	E	22
Rifugio « Re Carlo Alberto ».......	cron	A	75
Moncalieri – Ospedale civile di S. Croce........	com	A	106
Casa di cura « Ville Roddolo »	psich	Priv	70
Montanaro – Ospedale dei Poveri.	com	A	10
Orbassano – Ospedale di San Giuseppe	com	A	12
Pancalieri - *Virle Piemonte* – Istituto di S. Vincenzo de' Paoli..	com	A	25
Perosa Argentina - *Pomaretto* – Ospedale Valdese di Torre Pellice	com	Succ	27
Pinerolo – Ospedale degli Infermi	com	CC	55
Ospedale Cottolengo (S. Domenico)	com	E	109
Casa di Cura dott. L. Camussi	ch	Priv	8
Piossasco – Ospedale di San Giacomo	com	A	14
Piscina – Ospedale « Borletti »	com	A	6
Poirino – Ospedale dei Poveri Infermi........	com	A	24
Rivalta di Torino – Ospedale-Ricovero « Bianca Della Valle »...	com	A	9
Riva presso Chieri – Ospedale civile	com	CC	14
Rivarolo Canavese – Ospedale di San Giuseppe........	com	CC	12
Rivoli – R. Ospedale	com	CC	33
San Benigno Canavese – Ospedale dei Poveri Infermi	com	CC	9

RESTRICTED

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
San Morizio Canavese – Ospedale della Congreg. di Carità	com	CC	6
Casa di cura « Villa Bertalazona »	psich	Priv	21
Santena – Ospedale dell'Ospizio « Forchino »	com	CC	4
Scalenghe – Ospedale Infermi	com	A	8
Susa – Ospedale degli Infermi	com	CC	55
Torino – Ospedale Maggiore di S. Giovanni Battista e della Città di Torino	com	A	710
Ospizio dei Poveri Convalescenti	conv	A	50
Ospedale « Cottolengo » - Rep. mal. comuni	com	A	956
Ospedale « Cottolengo » - Rep. psichiatrico	psich	Succ	374
Ospedale Mauriziano « Umberto I »	com	E	414
Ospedale « Maria Vittoria »	spec	A	358
Opera Pia « Latteri »	com	A	130
Astanteria « Martini »	com	A	80
Ospedale « Nuovo Martini »	com	A	120
Ospizio Israelitico	com	A	70
Ospedale Evangelico	com	Priv	36
Istituto Omiopatico Italiano	com	A	26
Sanatorio di San Luigi	tbc	A	970
Sanatorio « Birago di Vische »	tbc	A	150
Ospedale « Amedeo di Savoia » per le malattie infettive	is	A	180
Ospedale di San Lazzaro	sif	A	95
Ospedale Infantile « Regina Margherita »	inf	A	110
Ospedale Oftalmico	oft	A	250
Regi Ospedali psichiatrici di Torino – Casa di Torino	psich	A	623
Istituto « Buon Pastore »	psich	A	40
Istituto Ortopedico « Maria Adelaide »	ort	A	60
Ospedalino « Koelliker »	inf	Priv	32
Ospedale di San Salvario	cron	Priv	146
Ospedale di Santa Filomena	inf	A	61
Ospedale « Gradenigo »	spec	Priv	60
Clinica « Sanatrix »	com	Priv	65
Clinica « Pinna Pintor »	com	Priv	50
Cliniche private « Sorelle Bayard »	com	Priv	28
Casa di cura « Sansoni »	com	Priv	25
Clinica privata	com	Priv	20
Istituto di cure « Villa Maria »	com	Priv	17
Casa di cura di via Cellini	ch	Priv	30
Clinica privata di Borgo San Paolo	ch	Priv	16
Pensionato medico « Valsalice »	ch	Priv	14
Casa di cura delle Suore Domenicane	ch	Priv	12
Casa di cura « Villa dei Colli »	tbc	Priv	95
Casa di cura « Villa Cristina »	psich	Priv	90
San Vito – Succursale dell'Ospedale Maggiore di S. Giovanni Battista e della Città di Torino	com	Succ	189
Torre Pellice – Ospedale Valdese	com	Priv	43
Casa sanatoriale « Villa Fiorita »	tbc	Priv	44
Trofarello – Villa di salute per malattie nervose e mentali	psich	Priv	75
Venaria Reale – Ospedale civile	com	A	31
Vigone – Regio Ospedale di Carità	com	A	28
Villafranca Piemonte – Ospedale di Carità	com	A	24
Villastellone – Istituto « Regio Albergo di Santa Croce »	com	A	8
Vinovo – Ospedale « Cottolengo »	com	A	86
Volpiano – Ospedale di Carità	com	A	14
Volvera – Ospedale « Teologo Vincenzo Ponsati »	com	CC	13

PROVINCIA DI VERCELLI

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
Bianzè – Ospedale di S. Eusebio	com	CC	9
Biella – Ospedale degli Infermi	com	A	250
Clinica chirurgica dott. Belletti	ch	Priv	6
Bioglio – Ospedale Sanatoriale Istituto Naz. Fasc. Prev. Soc.	tbc	E	28
Casa di cura dott. Maglioli	ch	Priv	8
Borgosesia – Ospedale	com	A	50
Cavaglià – Ospedale Vercellone	com	CC	15
Cossila – Casa di cura S. E. S. T. A.	com	Priv	25
Crescentino – Ospedale di S. Spirito	com	CC	21
Livorno Ferraris – Ospedale Infermi Maria Assunta	com	CC	44
Masserano – Ospedale di S. Carlo	com	CC	24
Santhià – Ospedale S. Salvatore	com	CC	32
Trino – Ospedale di S. Antonio Abate	com	A	60
Valduggia – Ospedale SS. Filippo e Giorgio	com	A	8
Varallo – Ospedale della SS. Trinità	com	A	120
Vercelli – Ospedale Maggiore	com	A	542

LIGURIA

PROVINCIA DI GENOVA

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
Arenzano – Ospedale « Maria Teresa »	com	CC	18
Busalla – Ospedale civile	com	A	18
Camogli – Ospedale dei Santi Prospero e Caterina	com	CC	42
Campo Ligure – Ospedale civile S. Michele Arcangelo	com	CC	18
Chiavari – Ospedale civile « Vittorio Leonardi »	com	A	153
Genova – Ospedale di S. Martino	com	A	1.650
Ospedale di Isolamento (S. Martino)	is	Succ	164
Ospedali « Galliera »	com	A	637
Ospedale Protestante	com	A	56
Ospedale Psichiatrico Provinciale	psich	P	470
Casa di salute « Villa Serena »	ch	Priv	27
Casa di salute « Castelletto »	ch	Priv	25
Casa di cura « Villa Albaro »	ch	Priv	15
Casa di salute prof. Catterina	ch	Priv	15
Clinica chirurgica prof. Lusena	ch	Priv	9
Casa di salute delle Suore Domenicane	ch	Priv	[illegible]

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
Casa di cura dottori Copello e Poriale	ch	Priv	5
Istituto di cura della Sciatica	spec	Priv	3
Casa di salute « Villa Sanitas »	psich	Priv	78
Casa di cura « Villa Salus »	psich	Priv	65
Casa di cura « Villa Maria Pia »	psich	Priv	42
Clinica prof. Casabone	gin	Priv	9
Casa di salute « Montesano »	gin	Priv	8
Bolzaneto – Ospedale civile « Carolina Pastorino »	com	A	80
Nervi – Ospedale civile	com	A	35
Pegli - Ospedale « Martinez »	com	A	24
Quarto dei Mille - Sezione dell'Ospedale Psichiatrico Provinciale	psich	Succ	1.200
Rivarolo Ligure - Ospedale « Celesia »	com	A	210
Sampierdarena - Ospedali civili	com	A	682
Sestri Ponente - Ospedale civile	com	CC	120
Voltri - Opera Pia Ospedale S. Carlo	com	A	105
Lavagna – Ospedale « Umberto I »	com	A	38
Rapallo – Ospedale civile	com	A	50
Recco – Ospedale di S. Antonio	com	A	38
Ronco Scrivia – Ospedale di Borgo Fornari	ch	CC	16
Rossiglione – Ospedale « Barigione e Pizzorni »	com	A	26
Santa Margherita Ligure – Ospedale civile	com	CC	42
Sestri Levante – Ospedale civile	com	CC	20
Zoagli – Ospedale « Conte Canevaro »	com	CC	28

PROVINCIA DI IMPERIA

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
Borgomaro – Ospedale « Zefferino Demora »	com	CC	10
Cosio d'Arroscia – Ospedale civile	com	A	2
Diano Castello – Opera Pia S. Croce	com	A	15
Diano Marina – Osped. « Ardoino »	com	A	22
Dolceacqua – Ospedale-Ricovero di S. Giuseppe	com	A	15
Dolcedo – Ospedale civile	com	CC	13
Imperia - *Oneglia* – Ospedale civile	com	CC	82
Porto Maurizio - Ospedale civile	com	CC	55
Pieve di Teco – Ospedale S. Lazzaro	com	A	50
Pontedassio – Ospedale civile « Paolo Agnesi fu Andrea »	com	A	22
San Remo – Osp. civico Mauriziano	com	CC	70
Ospedale « Andrea Nunes del Castillo »	inf	CC	20
Istituto Oftalmico-Otologico	oft	A	15
Ospedale Germanico	com	E	40
Istituto Marino Elioterapico « La Villa Helios »	ort	Priv	24
Casa N. S. del Buon Consiglio (ex Hotel Eden)	conv	Priv	30
Casa di [illegible] e di riposo « Villa [illegible] »	[illegible]	Priv	15
Bussana – Istituto Chirurgico Elioterapico « Vittorio Emanuele III »	tbc	E	278
Taggia – Ospedale civile di Carità	com	A	26
Triora – Ospedale civile	com	CC	24
Ventimiglia – Ospedale civile Santo Spirito	com	A	72
Clinica privata per alta chirurgia e ginecologia	ch	Priv	11
Policlinico « Regina Margherita »	ch	Priv	2

PROVINCIA DE LA SPEZIA

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
La Spezia – Ospedale civile « Vittorio Emanuele II »	com	A	475
Istituto di cura Vitt. Eman. III	tbc	E	102
Levanto – Osped. civile di S. Nicolo	com	CC	25
Sarzana – Ospedale civile di S. Bartolomeo	com	CC	110

PROVINCIA DI SAVONA

SEDE E DENOMINAZIONE DELL'ISTITUTO	Carattere principale dell'Istituto	Appartenenza	Numero dei letti
Alassio – Ospedale civico di San Domenico	com	CC	20
Albenga – Ospedale di S. Maria della Misericordia	com	A	50
Albisola Marina – Ospedale di San Benedetto	com	A	40
Albisola Superiore – Ospedale civico di San Giuseppe	com	CC	9
Bergeggi – Istituto « Luigi Merello » Sez. Tuberc. ossea chirurgica	tbc	E	50
Cairo Montenotte – Ospedale « Luigi Baccino »	com	CC	16
Celle Ligure – Ospedale civile di N. S. della Misericordia	com	CC	18
Cogoleto – Osp. civ. « Marina Rati »	com	CC	40
Ospedale Psichiatrico della Provincia di Genova	psich	P	1.682
Finale Ligure – Ospedale di S. Antonio (Ospedale « Ruffini »)	com	A	60
Laigueglia – Ospedale civile	com	A	9
Loano – Ospedale civile	com	A	24
Millesimo – Osp. di S. Giuseppe	com	CC	7
Noli – Ospedale di S. Antonio	com	CC	10
Pietra Ligure – Istituto Santa Corona	tbc	A	1.500
Ospedale Santo Spirito	com	CC	10
Sassello – Osped. di Sant'Antonio	com	CC	32
Savona – Ospedale di San Paolo	com	A	367
Ospizio Cronici di N. S. di Misericordia	cron	A	30
Clinica prof. Varaldo	gin	Priv	6
Clinica prof. Badino	gin	Priv	4
Varazze – Ospedale di S. Maria di Bethlem	com	A	90

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SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPAR-TENENZA	NUMERO DEI LETTI
San Morizio Canavese – Ospedale della Congreg. di Carità	com	CC	6
Casa di cura « Villa Bertalazona »	psich	Priv	21
Santena – Ospedale dell'Ospizio « Forchino »	com	CC	4
Scalenghe – Ospedale Infermi	com	A	8
Susa – Ospedale degli Infermi	com	CC	55
Torino – Ospedale Maggiore di S. Giovanni Battista e della Città di Torino	com	A	710
Ospizio dei Poveri Convalescenti	conv	A	50
Ospedale « Cottolengo » - Rep. mal. comuni	com	A	956
Ospedale « Cottolengo » - Rep. psichiatrico	psich	Succ	374
Ospedale Mauriziano « Umberto I »	com	E	414
Ospedale « Maria Vittoria »	spec	A	356
Opera Pia « Latteri »	com	A	130
Astanteria « Martini »	com	A	80
Ospedale « Nuovo Martini »	com	A	120
Ospizio Israelitico	com	A	70
Ospedale Evangelico	com	Priv	36
Istituto Omiopatico Italiano	com	A	26
Sanatorio di San Luigi	tbc	A	970
Sanatorio « Birago di Vische »	tbc	A	150
Ospedale « Amedeo di Savoia » per le malattie infettive	is	A	180
Ospedale di San Lazzaro	sif	A	95
Ospedale Infantile « Regina Margherita »	inf	A	110
Ospedale Oftalmico	oft	A	250
Regi Ospedali psichiatrici di Torino – Casa di Torino	psich	A	623
Istituto « Buon Pastore »	psich	A	40
Istituto Ortopedico « Maria Adelaide »	ort	A	60
Ospedalino « Koelliker »	inf	Priv	32
Ospedale di San Salvario	cron	Priv	146
Ospedale di Santa Filomena	inf	A	61
Ospedale « Gradenigo »	spec	Priv	60
Clinica « Sanatrix »	com	Priv	65
Clinica « Pinna Pintor »	com	Priv	50
Cliniche private « Sorelle Bayard »	com	Priv	28
Casa di cura « Sansoni »	com	Priv	25
Clinica privata	com	Priv	20
Istituto di cure « Villa Maria »	com	Priv	17
Casa di cura di via Cellini	ch	Priv	30
Clinica privata di Borgo San Paolo	ch	Priv	16
Pensionato medico « Valsalice »	ch	Priv	14
Casa di cura delle Suore Domenicane	ch	Priv	12
Casa di cura « Villa dei Colli »	tbc	Priv	95
Casa di cura « Villa Cristina »	psich	Priv	90
San Vito – Succursale dell'Ospedale Maggiore di S. Giovanni Battista e della Città di Torino	com	Succ	189
Torre Pellice – Ospedale Valdese	com	Priv	43
Casa sanatoriale « Villa Fiorita »	tbc	Priv	44
Trofarello – Villa di salute per malattie nervose e mentali	psich	Priv	75
Venaria Reale – Ospedale civile	com	A	31
Vigone – Regio Ospedale di Carità	com	A	28
Villafranca Piemonte – Ospedale di Carità	com	A	24
Villastellone – Istituto « Regio Albergo di Santa Croce »	com	A	8
Vinovo – Ospedale « Cottolengo »	com	A	86
Volpiano – Ospedale di Carità	com	A	14
Volvera – Ospedale « Teologo Vincenzo Ponsati »	com	CC	13
PROVINCIA DI VERCELLI			
Bianzè – Ospedale di S. Eusebio	com	CC	9
Biella – Ospedale degli Infermi	com	A	250
Clinica chirurgica dott. Belletti	ch	Priv	6
Bioglio – Ospedale Sanatoriale Istituto Naz. Fasc. Prev. Soc.	tbc	E	98
Casa di cura dott. Maglioli	ch	Priv	6
Borgosesia – Ospedale	com	A	50
Cavaglià – Ospedale Vercellone	com	CC	15
Cossila – Casa di cura S. E. S. T. A.	com	Priv	25
Crescentino – Ospedale di S. Spirito	com	CC	21
Livorno Ferraris – Ospedale Infermi Maria Assunta	com	CC	44
Masserano – Ospedale di S. Carlo	com	CC	24
Santhià – Ospedale S. Salvatore	com	CC	32
Trino – Ospedale di S. Antonio Abate	com	A	60
Valduggia – Ospedale SS. Filippo e Giorgio	com	A	8
Varallo – Ospedale della SS. Trinità	com	A	120
Vercelli – Ospedale Maggiore	com	A	542
LIGURIA			
PROVINCIA DI GENOVA			
Arenzano – Ospedale « Maria Teresa »	com	CC	18
Busalla – Ospedale civile	com	A	18
Camogli – Ospedale dei Santi Prospero e Caterina	com	CC	42
Campo Ligure – Ospedale civile S. Michele Arcangelo	com	CC	18
Chiavari – Ospedale civile « Vittorio Leonardi »	com	A	153
Genova – Ospedale di S. Martino	com	A	1.650
Ospedale di Isolamento (S. Martino)	is	Succ	164
Ospedali « Galliera »	com	A	637
Ospedale Protestante	com	A	56
Ospedale Psichiatrico Provinciale	psich	P	470
Casa di salute « Villa Serena »	ch	Priv	27
Casa di salute « Castelletto »	ch	Priv	25
Casa di cura « Villa Albaro »	ch	Priv	15
Casa di salute prof. Catterina	ch	Priv	15
Clinica chirurgica prof. Lusena	ch	Priv	[illegible]
Casa di salute delle Suore Domenicane	ch	Priv	[illegible]

SEDE E DENOMINAZIONE DELL'ISTITUTO	CARATTERE PRINCIPALE DEL-L'ISTITUTO	APPAR-TENENZA	NUMERO DEI LETTI
Casa di cura dottori Copello e Porisle	ch	Priv	5
Istituto di cura della Sciatica	spec	Priv	3
Casa di salute « Villa Sanitas »	psich	Priv	78
Casa di cura « Villa Salus »	psich	Priv	65
Casa di cura « Villa Maria Pia »	psich	Priv	42
Clinica prof. Casabone	gin	Priv	9
Casa di salute « Montesano »	gin	Priv	8
Bolzaneto – Ospedale civile « Carolina Pastorino »	com	A	80
Nervi – Ospedale civile	com	A	35
Pegli - Ospedale « Martinez »	com	A	24
Quarto dei Mille - Sezione dell'Ospedale Psichiatrico Provinciale	psich	Succ	1.200
Rivarolo Ligure - Ospedale « Celesia »	com	A	210
Sampierdarena - Ospedali civili	com	A	682
Sestri Ponente - Ospedale civile	com	CC	120
Voltri - Opera Pia Ospedale S. Carlo	com	A	105
Lavagna – Ospedale « Umberto I »	com	A	38
Rapallo – Ospedale civile	com	A	50
Recco – Ospedale di S. Antonio	com	A	38
Ronco Scrivia – Ospedale di Borgo Fornari	ch	CC	16
Rossiglione – Ospedale « Barigione e Pizzorni »	com	A	26
Santa Margherita Ligure – Ospedale civile	com	CC	42
Sestri Levante – Ospedale civile	com	CC	20
Zoagli – Ospedale « Conte Canevaro »	com	CC	28
PROVINCIA DI IMPERIA			
Borgomaro – Ospedale « Zefferino Demora »	com	CC	10
Cosio d'Arroscia – Ospedale civile	com	A	2
Diano Castello – Opera Pia S. Croce	com	A	15
Diano Marina – Osped. « Ardoino »	com	A	22
Dolceacqua – Ospedale-Ricovero di S. Giuseppe	com	A	15
Dolcedo – Ospedale civile	com	CC	13
Imperia - *Oneglia* – Ospedale civile	com	CC	82
Porto Maurizio - Ospedale civile	com	CC	55
Pieve di Teco – Ospedale S. Lazzaro	com	A	50
Pontedassio – Ospedale civile « Paolo Agnesi fu Andrea »	com	A	22
San Remo – Osp. civico Mauriziano	com	CC	70
Ospedale « Andrea Nunez del Castillo »	inf	CC	20
Istituto Oftalmico-Otologico	oft	A	15
Ospedale Germanico	com	E	40
Istituto Marino Elioterapico « La Villa Helios »	ort	Priv	24
Casa N. S. del Buon Consiglio (ex Hotel Eden)	conv	Priv	30
Casa di [illegible] di riposo [illegible]	[illegible]	Priv	15
Bussana - Istituto Chirurgico Elioterapico « Vittorio Emanuele III »	tbc	E	278
Taggia – Ospedale civile di Carità	com	A	26
Triora – Ospedale civile	com	CC	24
Ventimiglia – Ospedale civile Santo Spirito	com	A	72
Clinica privata per alta chirurgia e ginecologia	ch	Priv	11
Policlinico « Regina Margherita »	ch	Priv	2
PROVINCIA DE LA SPEZIA			
La Spezia – Ospedale civile « Vittorio Emanuele II »	com	A	475
Istituto di cura Vitt. Eman. III	tbc	E	102
Levanto – Osped. civile di S. Nicolo.	com	CC	25
Sarzana – Ospedale civile di S. Bartolomeo	com	CC	110
PROVINCIA DI SAVONA			
Alassio – Ospedale civico di San Domenico	com	CC	20
Albenga – Ospedale di S. Maria della Misericordia	com	A	50
Albisola Marina – Ospedale di San Benedetto	com	A	40
Albisola Superiore – Ospedale civico di San Giuseppe	com	CC	9
Bergeggi – Istituto « Luigi Merello » Sez. Tuberc. ossea chirurgica	tbc	E	50
Cairo Montenotte – Ospedale « Luigi Baccino »	com	CC	16
Celle Ligure – Ospedale civile di N. S. della Misericordia	com	CC	18
Cogoleto – Osp. civ. « Marina Rati ».	com	CC	40
Ospedale Psichiatrico della Provincia di Genova	psich	P	1.682
Finale Ligure – Ospedale di S. Antonio (Ospedale « Ruffini »)	com	A	60
Laigueglia – Ospedale civile	com	A	9
Loano – Ospedale civile	com	A	24
Millesimo – Osp. di S. Giuseppe	com	CC	7
Noli – Ospedale di S. Antonio	com	CC	10
Pietra Ligure – Istituto Santa Corona	tbc	A	1.500
Ospedale Santo Spirito	com	CC	10
Sassello – Osped. di Sant'Antonio.	com	CC	32
Savona – Ospedale di San Paolo	com	A	367
Ospizio Cronici di N. S. di Misericordia	cron	A	30
Clinica prof. Varaldo	gin	Priv	6
Clinica prof. Badino	gin	Priv	4
Varazze – Ospedale di S. Maria di Bethlem	com	A	90

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APPENDIX 2. INFORMATION ON MEDICAL INSTITUTIONS IN SOME NORTHERN ITALIAN CITIES, OBTAINED FROM ITALIAN INFORMANTS.

Fiume

Ospedale Comunale. Capacity approximately 700-800 beds. Has X-ray, operating rooms. Well-equipped and good sanitary standards.

Sanatorio. Capacity approximately 60 beds. Number of beds easily augmentable. Has operating room, X-ray and modern equipment.

Ospedale delle Malatie Contagiose. Capacity approximately 50 beds. Small, old-fashioned.

Dispensario Antitubercolare. 6 beds. Has a pneumothorax room easily transformable into operating room.

Colonie Marine di Borgomarina. Capacity approximately 300 beds. Has operating room, X-ray, and many medication rooms. Well-equipped, modern. Number of beds easily augmentable. Location on beach with facilities for heliotherapy.

Colonia Monte Maggiore. Capacity approximately 100 beds easily augmentable. Located in elevated position on the slopes of Monte Maggiore. Facilities for heliotherapy. Large gardens.

Ospedale di Volosca. Small but well-equipped hospital. Capacity approximately 30-40 beds, located in Volosca 7 kilometers south of Fiume. Has operating room and X-ray.

Abbazia (near Fiume)

Sanatorio Lakatos. Modern, luxurious sanatorium in Abbazia. Capacity of 50 beds easily augmentable. Well-equipped with operating room and X-ray.

Sanatorio Mahler. Modern, well-equipped sanatorium in Abbazia. Capacity 50 beds. Has operating room and X-ray.

Sušak (Yugoslavia) (near Fiume)

Ospedale Comunale di Sušak. Modern, well-equipped hospital. Capacity 200-300 beds. Very well-equipped operating room and X-ray.

Genova

Pamatone Hospital. Informant says this is a very poor hospital.

Gianinni Gasslini Hospital. New in 1936 or 1937. Children's hospital. Well-equipped.

Belgrano Hospital. Private hospital. About 100 beds. Good equipment.

Chiavari

Private Hospital. Operated by Dr. Belgrano and a Dr. Raffo. About 20 beds. X-ray equipment.

Municipal Hospital. Not very well-equipped. About 300 beds.

Bologna

Medical School Hospital. Capacity approximately 800 beds. Composed of central building (with 300 beds) including receiving station and surrounded by several pavilions connected by underground corridors or passages. Plan and equipment good with no large wards and many private rooms for one, two, three, or four patients.

City Hospital. Capacity approximately 1000 beds. Very antiquated equipment and outmoded equipment. Some wards of 100 beds.

Military Hospital. Adjoins city hospital. Antiquated building. May contain approximately 1000 beds.

Tuberculosis Hospital. Modern structure, fairly large. For older patients suffering from tuberculosis.

S. Michele in Bosco (near Bologna)

Orthopedic Hospital. 3000 beds for German and Italian military casualties. Connected with Instituto Orthopedico Rizzoli.

Novara

Ospedale Maggiore. Good general hospital opened in 1938. Serves city and province.

Bergamo

Ospedale Maggiore. Opened in 1938. Said to be good.

Treviglio (between Milano and Bergamo)

Hospital. In an old convent. Approximately 200 beds. Primitive.

Milano

City Hospital. Connected with University and serves as teaching hospital. Medical staff considered a well-qualified professional group. Has from 3,000 to 4,000 beds and includes:

1) The Ospedale Maggiore. Located in 500-year old building in center of city. Reported to have been closed since opening of new hospital, the Ospedale del Perdono in 1939 or 1940.

2) The Ospedale del Perdono. New hospital located on northern outskirts of city.

3) The Ospedale dei Padiglioni. Consists of a number of fairly modern pavillions and located in center of Milano near Ospedale Maggiore.

The Ospedale Fatebenefratelli. Has from 600 to 700 beds. Semi-private. Wards and private rooms.

Ospedale dei Bambini. Large children's hospital.

Instituto Nazionale Vittorio Emanuele III per lo Studio e la Cura del Cancro. Has 250 beds and cares for cancer patients.

Ospedale "Alessandro Mussolini" della Cassa Edile per Assicurazioni Sociali. Cares for patients under Social Security System.

Private hospitals and sanitaria. Also called "Casa di Cura". At least 20 of these in Milano. Facilities limited and standards often questionable. Among these the Casa di Salute di via Quadronno is a first class private institution.

Torino

Mauriziano. 450 beds. Medical laboratory and X-Ray equipment satisfactory. Surgical equipment fairly good.

Ospedale di San Giovanni. New in 1936. One and a half miles from the old Fiat factory. 1500 beds. Very good.

Old San Giovanni Hospital. Old building in the center of the city. When vacated for the new building some wards were kept open for chronic cases, such as cancer.

Maria Vittoria. In the northwestern part of the city. 600-700 beds. Had a maternity division.

Ospedale Cottolengo. Institute for chronic diseases with 11,000 patients. A few modern buildings for acute cases.

Ospedale Martini. A small hospital in a northern industrial suburb. Largely for accident cases.

Ospedale San Vito. 300-400 beds.

Principe Amadeo. Infectious and contagious diseases. Tuberculosis ward.

Ospedale San Luigi. Tuberculosis institute. 400-500 beds.

Ospedale Oftalmico. Close to the Stazione Porta Susa.

Sanatrix. 200-300 beds. A luxurious private clinic run by a group of university professors.

Casa di Cura Pinna Pintor. A private clinic.

Colengo (province of Torino)

A mental institution with several thousand patients.

APPENDIX 3. PRINCIPAL TUBERCULOSIS SANITARIA IN NORTH ITALY

Milano	Garbagnate	Sanatorial Hospital "Victor Emmanuel III"	1004 beds
Milano	Musocco	Sanatorium Vialba of the National Social Insurance Fund	1058 beds
Varese	Cuasso al Monte	Sanatorium, "E. Filiberto Di Savoia" of the National Social Insurance Fund	250 beds
Sondrio	Sondalo	Sanitarium "L'Abetina"	370 beds
Venica		Sanatorial Hospital on the Sea	230 beds
Arco	Trento	Sanatarium "Palace of the Palms"	220 beds
Arrezzo		Sanatorial Hospital of the National Social Insurance Fund	350 beds
Pianosa		First sanitarium for tuberculosis criminals	450 beds
Siracusa		Sanatorial Hospital of the National Social Insurance Fund	200 beds
Gorizia		2 large sanitaria	
Aurisina	17 km from Trieste	Sanitarium (owned by Dr. Ercolessi) one poorly equipped surgery - recreation facilities.	150 beds
Sesana		"Duttogliano Sanitarium"	100 beds
Idria		Sanitarium about	100 beds
Valdoltra		"Sanitoria Popolare" (Thorocoplasties done)	250 beds

APPENDIX 4. SPAS IN NORTH ITALY.

Piemonte

Saint-Vincent, in Aosta Valley -- altitude 1886 feet. Cold spring of carbonic acid, sodium bicarbonate, sulphate, and sodium chloride.

Pré Saint-Didier -- altitude 3281 feet. Ferruginous-arsenical, carbonic hot springs (97° F.).

Courmayeur -- altitude 4023 feet. At foot of the Mont Blanc mass. Alkaline, carbonic, and iron springs.

Cossila -- altitude 1791 feet. In Biellese Mountain zone. Hydrotherapy establishment.

Sanctuary of Oropa -- altitude 3937 feet. In Biellese Mountain zone. Hydrotherapy establishment.

Graglia -- altitude 1955 feet. In Biellese Mountain zone. Hydrotherapy establishment.

Bognanco Terme -- altitude 2713 feet. Alkaline, carbonic acid, and ferruginous springs.

Ceresole Reale -- in Locana Valley. Arsenical-ferruginous springs.

Bagni di Vinadio (Valle della Stura di Demonte) -- altitude 4265 feet. Is several miles from the village of Vinadio. Hot sulphur springs (108°-154°F). Vegetal muds ("muffe").

Terme di Valdieri -- altitude 4511 feet. Upper valley of the Gesso. Hot springs (153°F); sudatory grottoes (130°-140°F), "muffe" (104°-122°F). Mineral springs.

Acqui -- hot springs of sulphur and sodium chloride; mud baths.

1. Bollente -- 167°F.
2. Acque Calde -- 113-131°F.
3. Fontanino -- 84°-87°F.
4. Ravanesco -- 66°F.

Voltaggio -- altitude 1115 feet. Sulphur waters 59°F.

Lombardia

Madesimo -- altitude 5033 feet. Ferruginous-magnesian waters.

Bagni del Masino -- altitude 3842 feet. In the Vallotta dei Bagni. Mineral waters for baths and drinking.

Bagni di Bormio -- upper Valtellina.

1. Bagni Nuovi (new baths) -- altitude 4040 feet. Running water baths, bathing pool, muds, douches.
2. Bagni Vecchi (old baths) -- altitude 4250 feet. Baths, sudatory grotto, drinking water plant.

Santa Caterina Valfurva -- altitude 5702 feet. Ferruginous carbonated cold spring (43°F). One of the richest in iron in Italy. Physical therapy department.

Trescore Balneario -- altitude 899 feet (at exit of the Val Cavallina). Sulphur water, mineral muds, hydrotherapy establishment.

Casino Boario -- altitude 754 feet. Calcium sulphate, magnesium spring (55.4°F).

Collio -- altitude 2756 feet. In Upper Val Trompia. Hydrotherapy establishment, ferruginous waters.

San Pellegrino -- altitude 1312 feet. In the Val Brembana. Slightly alkaline hot and radioactive springs (80.6°F), for drinking and baths.

Sirmione -- near Lake Garda. Hot sodium chloride, sulphur, radioactive spring.

Salice -- altitude 547 feet. Near Voghera. Sodium chloride, bromo-iodurated (57°F). Waters rise from 5 artesian wells.

Venezia Tridentina

Levico -- altitude 1640 feet. In the Valsuzana. Two cold arsenical-ferruginous springs for drinking and baths. Physiotherapy facilities at the Hotel Regina. Physiotherapy facilities at the Grand Hotel.

Vetriolo -- altitude 4875 feet.

Roncegno -- altitude 1630 feet. Cold arsenical-ferruginous spring, very rich in arsenic.

Carano, near Cavalese -- altitude 3821 feet. Magnesium waters.

Rabbi (Bagni di Rabbi) -- altitude 4009 feet. Northwest of Malé. Hydrotherapy plant with acidulous ferruginous water, rich in carbonic acid.

Peio (Bagni di Peio) -- altitude 4527 feet. In Peio Valley. Hydrotherapy resort with alkaline, carbonic acid, ferruginous springs.

Merano -- altitude 1056 feet. Famous watering place with sanitaria.

Bressanone -- altitude 1834 feet.

1. Bagni di Scalo -- altitude 3635 feet. Hydrotherapy plant.
2. Sanatorium of Plancios -- altitude 6102 feet.
3. Bagni di Castelliere -- altitude 3541 feet. Cold ferruginous spring.
4. Bagni di Froi -- altitude 3773 feet. Cold springs have magnesium, iron, and sulphur and are radioactive.

Terme di Brennero -- altitude 4234 feet. Weakly radioactive spring (71.6°F).

Pusteria

1. Bagni di Corte. Hydrotherapy plant.
2. Bagni di Braies Vecchia. Calcium sulphate and magnesium waters.

Venezia Giulia e Zara

Recoaro -- altitude 1476 feet. Many cold mineral springs -- ferruginous and carbonic.

1. Piazzale of the Regie Fonti. Hydrotherapy plant.
2. La Fortuna (village). Hydrotherapy plant.

Abano -- 6 miles from Padova. Strong radioactive, warm, sodium chloride, bromo-iodo-lithic waters. Radioactive mud baths.

Grado -- in Golfodi Trieste. Hydrotherapy plant. Hot sea and fresh water baths.

Portorose -- in Pirano Bay, Istria. Salt baths. Mud applications.

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Brioni -- running, heated sea-water plant.

Abbazia Laurana -- eastern coast of Istria. Numerous bathing establishments.

Emilia

Salsomaggiore -- altitude 525 feet. Mineral waters, (62°F). Sodium chloride, strongly bromo-iodized. Muds. Establishments:

1. Terme Berzieri -- luxurious
2. Terme Magnaghi
3. Dalla Rosa

Sant' Andrea di Medesano -- altitude 623 feet. Hydrotherapy establishment with sodium chloride, alkaline, and ferruginous waters (62.6°F).

Bagni della Porretta -- altitude 1130 feet. Mineral waters. A group of springs of iodized sodium chloride, carbonic acid, and traces of sulphuric acid (84-100°F). Establishments: Bori, Marte, Donzelle, Puzzola, Porretta Vecchia.

Castrocaro -- altitude 229 feet. Chloride, bromo-iodized waters and muds.

Riolo Bagni -- altitude 320 feet. Saline, iodized, ferruginous-carbonic waters.

Bagno di Romagna -- altitude 1600 feet. Saline, bromo-iodide, lithiated waters (113°F). One bathing establishment with hotel attached.

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APPENDIX 5. PROFESSIONAL SANITARY PERSONNEL, 1939

Compartments	Professional Workers			Auxiliary Sanitary Personnel			Auxilliary Technicians		
	Doctors	Pharmacists	Veterinarians	Diplomate nurses	Midwives	Dental technicians	Opticians	Truss and orthopedic appliance makers	General Attendants
Piemonte	3,406	1,534	388	1,686	1,538	348	136	84	2,295
Liguria	1,870	674	70	630	666	173	75	38	1,772
Lombardia	5,189	2,023	573	1,215	2,690	271	86	61	2,641
Venezia Tridentina	567	187	93	253	550	34	22	5	270
Veneto	2,650	1,218	315	659	1,703	93	42	16	1,937
Venezia Giulia e Zara	769	278	60	366	521	110	28	6	365
Emilia	2,891	1,070	467	1,549	1,251	122	88	46	2,754

APPENDIX 6.

DOCTORS KNOWN TO HAVE BEEN IN NORTH ITALY PRIOR TO THE WAR

The following list of doctors known to have been in North Italy prior to the war covers the seven northern provinces: Emilia, Liguria, Lombardy, Piedmont, Veneto, Venezia Giulia, Venezia Tridentina. The list is arranged by compartimenti and by towns within compartimenti.

The information provided was obtained from persons now in the United States who had first-hand knowledge during the period 1930-1940 of the doctors listed or at least of the communities where these doctors practised or taught. Conflicting information from two or more sources has been included, with clear indication of divergences. Non-appearance of a name on the list means that no information of consequence has been available beyond that to be found in the Annuario Sanitario Italiano, 1939. The information given is believed to be as accurate as obtainable, subject to human fallibility in judging other people.

ABBREVIATIONS

Medical Ability		Politics	
VG	Very good	VF	Very pro-Fascist
G	Good	MF	Moderately pro-Fascist
A	Average	FC	Fascist for convenience

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Medical Ability		Politics	
F	Fair	FC (AF)	Fascist for convenience; known to be anti-Fascist
P	Poor	AF	Anti-Fascist
U	Unknown	VAF	Very anti-Fascist
		NP	Non-political
		U	Unknown

EMILIA

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(1) Bologna		
Alzona, Luigi	Internal Medicine; Director of Ospedale Mazzione	VG	Strongly anti-Nazi; Catholic
Angeletti, Enrico di Aristodemo		G	
Bagnoli, Antonio di Pietro		G	
Boari, Francesco di Achille		G	
Calabro, Natale di Pasquale		G	
Camus	Physiology	U	Jewish; formerly Prof. at Univ. of Bologna, dismissed with other Jewish members of medical staff, but still permitted to practice medicine
D'Agostino, Francesco di Vincenzo		G	
Dalla Favera, Giov. B. di Giov.		G	
Di Marzio, Cornelio	Prof. at Oculist Clinic	G	VF
Facchini, Valentino di Romeo		G	
Gasbarrini, Antonio	Internal Medicine; Prof. at Univ. of Bologna	VG	Strongly AF (probably Fascist Party member); Catholic
Gasperini	Surgery; Ospedale S. Ossola	VG	Strongly AF; Catholic

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(1) Bologna (cont'd)		
Guerrini, Guido	Pathology; Prof. and Head of Department of General Pathology, Univ. of Bologna	G	Democratic in leaning
Lanfranchi, Alessandro	Prof. and Director of Veterinary General Clinic, Univ. of Bologna	G	Politics: before 1922 was active Free Mason; always democratic in his feelings
Lanzerini, Arturo di Adolfo		G	
Miliani, Renato di Edmondo		G	
Olivo, Mario	Pathology; Istituto di Istologia e Fisiologia Generale	VG	Politics: refused to join Party, but allowed to hold high academic appointment because of the esteem in which he was held
Olivo, Oliviero	Histology; Prof. at Univ. of Bologna	VG	Actively AF 1925-26, then entered the Party along with most Univ. Profs., but never active
Ottolenghi, Donato	Public Health	1. VG 2. Best in field	AF; Jewish; ousted from his position a Univ. of Bologna because of racial laws
Pagliani, Franz	Surgery; Prof. at Univ. of Bologna	VG	VF (holds position of "Federale of Modena"); about 35
Palmieri, Gian Giuseppe di Giovanni		G	
Paolucci, Raffaele	Surgery	G	NP
Pincherle	Pediatrics	VG	Jewish; former Prof. at Univ. of Bologna, dismissed with other Jewish members of medical staff, but still permitted to practice medicine

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(1) Bologna (cont'd)		
Pinelli, Luigi di Giuseppe		G	
Pirani, Renato di Achille		G	
Rava, Marco Gino di Aristide		G	
Sgarra, Antonietta	Public Health nursing; Instructor Nursing School, 1937		Rockefeller Fellow in Public Health Nursing in U.S.
Canella, Carlo			
	(2) Ferrara		
Canella, Carlo	Ospedale S. Anna	VG	VAF; Catholic
Massepti, Francesco		G	NP
Nassetti, Ferruccio	Surgery; Ospedale S. Anna; also Prof. of Special Pathology and Clinical Propaedeutics (1939) at Univ. of Ferrara	VG	VAF; Catholic
	(3) Modena		
Benassi, Giorgio	Legal Medicine; Professor		NP (assumed to be a Fascist Party member)
Dalla Volta, Alessandro	Internal Medicine; Professor	1. VG 2. G	FC (VAF); Catholic
Favilli, Giovanni	Pathology; Prof. at Univ. of Modena		NP; studied both in U.S. and England
	(4) Parma		
Marginesu, Pasquale	Institute of Hygiene (1937)		Studied Public Health in U.S.

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS

(5) Ravenna

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Canella, Mario		G	Politically reliable

LIGURIA

(6) Genoa

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Acconci, Gino	Obstetrics	VG	FC (opportunist); Taught at Univ.
Accornero, Sid. Raoul	General Practice	G	FC
Agrifoglio, Mario	Surgery (accident cases)	G	FC
Alberti, Angelo	Psychiatry; State Asylum	A	MF (politically entangled)
Alzona, Luigi	Cardiology	A	U
Ambrogio, Agostino	Dermatology and Venereal diseases	G	FC (AF)
Amelotti, Giuseppe	General Practice	F	FC; not intelligent
Ardoino, Attilio	General Practice	G	FC
Ardoino, Paolo	General Practice	G	FC
Ardoino, Vincenzo	General Practice	G	FC
Artom, Samuele		U	Jewish; old
Assereto, Luigi	Obstetrics	A	MF
Balduzzi, Ottorino	Neurology	VG	FC (AF)
Bandettini di Poggio, Francesco	Neurology	G	FC
Barbara, Mario	Internal Medicine	G	FC

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bardanzellu, Tommaso	Ophthalmology	G	FC (little interest in politics)
Bauer, Alfonso			Jewish
Beneitino, Carlotta	General Practice	G	AF
Berri, Gian Camillo	Surgery; at private sanitarium	A	FC (AF)
Berri, Pietro	Internal Medicine	A	VG
Bertolucci, Italy	Psychiatry and Serology; branch of State Asylum, Cogoleto	G (Serologist)	FC (opportunist)
Beylinson, Maria K.	General Practice and Pediatrics	G	Political chamelenn; Russian, but Italian citizen
Blank, Natan			Left Italy
Boggiano, Giovanni	Internal Medicine	G	Not Fascist; old
Borelli, Dario	Mental Diseases; in private clinic	Good business-man	FC (opportunist)
Breccia, Gioschino	Tuberculosis	VG (one of the best)	FC
Bruschettini, Augusto	Internal Medicine	Self-advertiser	VF; Pharmaceutics is the family business
Caffarena, Dario	Surgery	A	FC
Campora, Giovanni	Nervous Diseases	A	FC
Canavero, Michelangelo	Ear, Nose, and Throat	A	FC
Cardinale, Giov. Batta.	Radiology	VG	FC

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Casabona, Emilio	Obstetrics	VG	FC
Catterina, Attilio	Surgery; teacher	VG	MF
Cava, Ada			Now in Louisville, Ky.
Chiavaro, Angelo	Dentistry; teacher	A	FC (opportunist)
Cignolini, Pietro	Radiology	VG	FC (politically mum)
Clivio, Innocente	Obstetrics	Was best in his day	Old Liberal; now retired from practice
Connio, Alessandro	Internal Medicine	G	AF
Copello, Andrea	General Practice	G	FC (AF); old
Da Gradi, Ambrogio	Internal Medicine	A	FC; old
Dalla Volta, Amedeo	Legal and Criminal Medicine	VG	AF; Jewish; still in Italy
Daneo, Luigi	Vice Director of State Asylum	A	FC (opportunist)
De Albertis, Dino	Psychiatry		AF; now retired
De Cigna, Vittorio	Ear, Nose, and Throat	G	FC (not interested in politics); old
De Lisi, Lionello	Nervous and Mental Diseases; teacher	VG	FC (AF)
Del Priore, Nino	Psychiatry; branch Director of State Asylum, Cogoleto	G	FC (opportunist)
De Martini, Attilio	Chairman Fascist Syndicate	G	VF
Dogliotti, Vincenzo	Surgery	G	VF

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Drago, Federico	Surgery	G	AF
Durante, Luigi	Surgery	VG	FC (politically mum); old
Erede, Costanzo Ugo	Obstetrics	G	FC
Faiella, Giorgio U.	Psychiatry	A	FC (AF)
Federici, Federico	Ear, Nose, and Throat	G	Pre-Fascist Liberal; old
Feldmann, Fried Flora			Jewish; now in Bombay
Feldmann, Paolo			Jewish; now in Bombay
Ferrari, Manlio	Mental Diseases; in a private clinic	G	FC (AF)
Filippi, Nicolo	Ear, Nose, and Throat	G	FC (politically mum)
Fiori, Paolo	Surgery; Prof.	A	VF
Fontanelli, Flaminio	Dermatology and Venereal Diseases	G	AF
Frankestein, Giovanni			Has left Genoa
Gabbano, Luigi	Hygiene; Assistant Professor at Univ. of Genoa		Former Rockefeller Fellow in Public Health Administration, Johns Hopkins
Galluppi, Antonio	Internal Medicine	G	Old Liberal; very old
Gatti, Lodovico	Nervous Diseases	A (advertiser)	FC (opportunist)
Genta, Silvio	Ear, Nose, and Throat, teacher	G	AF; old

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Gervino, Attilo	Internal Medicine, Tuberculosis	G	FC
Giordano, Vincenzo	Diseases of the Liver	G	Old Liberal; old
Graziani, Giorgio			Jewish
Grossi, Leonardo	Cardiology	VG	VF
Grossi, Luigi	Internal Medicine, Cardiology	VG	AF (probably a Fascist Party member); Catholic
Gyorgy, Ernesto			Has left Genoa
Hirschfeld, Sigismondo			Has left Genoa
Iacobson, Giuseppe			Has left Genoa
Ingaramo, Edoardo	Dentistry	G	FC (AF)
Ionas, Giorgio			Has left Genoa
Ionata, Italo	Dentistry	G	FC
Isola, Domenico	Nervous and Mental Diseases; Head of the Catholic Institute	G	FC; Catholic
Kobylinsky, Michele	Mental Diseases	U	VF (active); retired in order to devote himself to politics
Kelz, Maiersohn Perla			Has left Genoa
Kelz, Sigfrido			Has left Genoa
Kohn, Colomanno			Has left Genoa
Krausz, Andrea			Has left Genoa

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Lachi, Alberto	Ophthaemology	VG (best)	FC
Lattes, Camillo	General Practice	A	AF; Jewish; old
Levi, Emilio	General Practice	F	AF; Jewish
Levi, Ernesto	General Practice	F	AF; Jewish
Lippmann, Enzo			Now in New York City
Lorant, Gustavo	Surgery	VG	Presumably not Fascist; Jewish; remained in Italy; active in league against cancer
Luzzatti, Alfredo	Internal Medicine	G	Professed non-Fascist; Jewish; was unmolested
Luzzatto, Aldo	Pathology	G	Politically reliable
Macaggi, Domenico		G	FC; succeeded Della Volta
Macaggi, Giov. Batta.	Surgery	A	FC
Maffi, Fabrizio	Tuberculosis; Prof; in Lavagna	VG	VAF(one-time Socialist confined to small community); old; father of Mario Maffi
Maffi, Mario	General Practice; in Lavagna	G	VAF; son of Fabrizio Maffi
Maggiore, Luigi	Ophthalmology; teacher	G	MF
Manfredi, Leonardo	Internal Medicine	VG	FC (AF)
Maragliano, Vitt.			Deceased
Maragliano, Dario	Surgery	1. A 2. G	1. MF 2. NP
Maragliano, Guilio	Tuberculosis	G	MF

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Marchisio, Vitt.	Tuberculosis	G	VF
Mariani, Giuseppe	Dermatology and Venereal Diseases; teacher	VG	VF
Masini, Arturo	Psychiatry	F	VF; volunteered in Spanish Civil War; son of Mario Umb. Masini
Masini, Mario Umb.	Psychiatry	F	FC (opportunist)
Massazza, Adolfo	Psychiatry	G (research)	VF
Mesina, Rosina	Mental Diseases; Assistant at Clinic	G	AF
Mosso, F.S.	Commissioner of Municipal Hospital		VF; administrator
Musante, Ettore	Internal Medicine	G	FC (not fascist)
Nicolich, A.	Urology	G	Politically reliable
Norza, Luciano			Has left Genoa
Oneto, Giuseppe	Urology	G	FC
Osmo, Rodolfo		U	Jewish
Ottolenghi, Carlo		U	Jewish
Ottolenghi, Felice		U	Jewish
Facchioni, Dante	Pediatrics; Director of Pediatric Clinic, Univ. of Genoa	VG	VF, but gave letters of introduction to anti-Fascist doctor leaving country
Pacchione, Luigi	Pediatrics; Prof. at Univ. of Genoa	VG	AF; Catholic
Pallestrini, Ernesto	Ear, Nose, and Throat	VG (best)	FC (opportunist)

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Pardo, Ruggero	Ophthalmology	A	AF; Jewish; still in Genoa
Paternostro, Vinc.	Ophthalmology	G	FC (AF)
Patrone, Ernesto	Surgery	G	MF
Pende, Nicola	Chief of Medical Clinic	U	VF
Pennacchi, Fabio	Psychiatry; in Cogoleto	VG	MF (not a fanatic); fought in Spain; young
Perrando, Giuseppe	Surgery	G	FC
Pesci, Giacomo	Radiology	G	MF
Pezzi, Jole Medea	General Practice	A	AF
Pieraccini, Carlo	Psychiatry	G	AF (Socialist)
Pintus, Giuseppe	Nerve Diseases	G (laboratory work)	AF (moderate)
Piras, Antonio	Bacteriology; teacher of Hygiene	G	MF
Pirisi, Baldo	Mental Diseases	A	AF
Polleri, Gino Mario	Tuberculosis	G	FC; educated in England; speaks English; authority on socialized medicine
Prussia, Guido	Surgery	G	FC (AF)
Pulcher, Fulvio	Vice Commissioner at Municipal Hospital	U	VF
Quadri, Ugo	Nervous Diseases	A	FC

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Radaeli, Guilio	Dermatology and Venereal Diseases	G	FC (AF)
Ragazzi, Mario	Bacteriology; Chief of Municipal Department of Hygiene	G	Old Liberal
Rappaport, Bernardo			Now in Australia
Remotti, Ettore	Anatomy; teacher	VG	VAF
Ricca, Silvio	Nervous Diseases	G	FC
Rieti, Ettore			Now in New York
Rivela, Gesualdo	Serology	A	NP
Rolando, Silvio	Internal Medicine	VG	AF; old
Rolla, Carlo	Internal Medicine	VG (one of the best)	NP
Rossi, Alfredo	Internal Medicine	VG (one of the best)	NP
Sabatini, Giuseppe	Diseases of the Liver; teacher of Clinical Medicine	VG	VF
Sanna, Giuseppe	Ophthalmology	G	NP
Schiapparelli, Mario	Ppdiatrics	G	AF
Schonfeld, Bela	Obstetrics		Now in Calcutta
Segale, Gian Carlo	Surgery	G	FC
Semah, Frida	Pediatrics		Now in the U.S.
Sigon, Mario	Internal Medicine	VG	AF
Sivori, Luigi	Serology; Research Director at Istituto Bruschettini	VG	FC

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Skultecki, Ernesto	Surgery	G	VAF (kept quiet)
Sole, Bela	Dentistry		Now in India
Steremberg, Sulim			Jewish; has left Genoa
Tedeschi, Ettore	Internal Medicine	G	Old Liberal; Jewish; old
Tiscornia, Giovanni	General Practice	G	FC (AF)
Tomellini, Luigi	Pathology (does city autopsies)	G	VF
Tomellini, Radu	Internal Medicine (in training, 1938)		
Torsegno, Emilio	Neurology	A	VF
Torsegno, Pietro	Internal Medicine	A	FC (AF)
Trevisanello, Carlo	Tuberculosis	VG	FC
Trovati, Emma	Pediatrics	G	FC (AF)
Tusini, Giuseppe	Surgery	VG	VF; old; retired teacher
Vallebona, Alessandro	Radiology	G	FC
Vallebona, Davide	Radiology	G	FC
Verdozzi, Carlo	Pathology; teacher	G	NP; scientist
Vidoni, Giuseppe	Neurology	VG	VAF (kept quiet)
Weinberger, Mauro			Now in England; Jewish
Zappa, Paola	Pediatrics	G	NP

(7) San Remo

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Allavena, Adolfo	General Practice	G	NP (old Liberal)

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Anfossi, Paolo	General Practice	G	AF; country doctor
Cristel, Giovanni	Cardiology and General Practice	G	FC (AF)
Fava, Alessandro	Internal Medicine; Director of Municipal Hospital	VG	NP
Iacobson, Abo			Formerly in San Remo, now in U.S.
Magrini, Probo		U	VF; Gambling Commissioner for the Government, does not practice
Pastorini, Lorenzo	Dentistry	G	NP
Pesante, Vincenzo	Pediatrics	G	FC (worked with Fascist Youth)

LOMBARDY

(8) Busto Arsizio

Moretti, Enrico		G	Politically reliable

(9) Lecco

Ginoulhiac, Roberto		A	FC; Protestant

(10) Mantua

Zanardi, Franco	Surgery	G	Politically reliable

(11) Milan

Acerbi, Giuseppe	Obstetrics	VG	AF

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Adami, Enrico	Pharmacological Research	VG	AF
Agazzi, Benedetto	Ear, Nose, and Throat	VG	U; was drafted for the Ethiopian War; formerly of Milan
Agnoletto, Vittorio			Deceased
Agostoni, Giuseppe	Medical Diagnostics	VG	U
Agostoni, Rinaldo	Cardiology	1. G 2. A	VF (active)
Alderi, Gino		P	VF; slow at medical school
Alessi, Davide	Nervous Diseases	G	U; difficult man
Alfieri, Emilio	1. Professor 2. Obstetrics	1. VG 2. VG	1. FC 2. VF; very well-known
Alice, Carlo	Allergies	VG	FC (Catholic Party); formerly in Milan now in Novara
Aliprandi, Achille	1. General Practice 2. Internal Medicine	1. VG 2. VG	1. FC (Catholic Party) 2. AF; very old
Altara, Publio	Surgery; Urology	VG	FC; Sardinian; critical
Andreis, Eleanora	Cancer Research	F	U
Andreoli, Alberto		A	MF; slow at medical school, but since successful
Andreoli, Luigi		A	MF
Andreoni, Giovanni	Tuberculosis; Medical Journalism	A	FC (one-time secretary for student group of Catholic Party); interested in medical politics

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Ansaldo, Luigi	Surgery; in private clinic	VG	U
Ara, Giorgio			Deceased (committed suicide)
Arcoleo, Gastano	Physical Culture	P	U; a self advertiser
Arienti, Aldo	Orthopedic Surgery; Instructor	VG	Forced into Fascist Party after long opposition; remains strongly opposed to the regime
Armanini, Carlo	Obstetrics	G	U
Arrigoni, Carlo	Internal Medicine	G	FC (not thought to be a fascist)
Ascoli, Alberto			Formerly of Milan, now in Boston
Ascoli, Ruggero	Surgery	G	FC (AF); went to Spain during Civil War as a surgeon
Austoni, Benedetto	Surgery	G	U
Banfi, Luigi		P	FC (Catholic Party); poor student in Medicine
Barengo, Elda	Research	F	FC; hunchback
Barinetti, Carlo	Chief of Medical Department, Fate Bene Fratelli	G	U
Baslini, Carlo	Ophthalmology	G	VF
Battino, Giuseppe			Deceased
Belli, Mario	Tuberculosis	A	VF
Bellinato, Sebastiano	Pediatrics	G	U

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bellini, Angelo	Gonorrhea	A	U; old
Benaroio, Oscar		G	FC; Jewish
Bennati, Ferdinando		U	VF
Benoldi, Enzo	Surgery	A	FC (Catholic Party)
Bergamaschi, Romolo		G	U (Catholic Party); good at school
Berla, Ernesto	Surgery		Formerly in Milan, now in Palestine; came from Germany
Bertagnoni, Alfredo	Medical Journalism	G	FC
Berti, Berto	Ear, Nose, and Throat	P	FC; Catholic student; poor student
Besta, Carlo			Deceased
Bettoni, Italo	Chief of Department of Medicine, New Hospital	VG	FC
Boattini, Giorgio		F	VF; has epileptic fits; mentally unbalanced; sometimes dangerous
Boerio, Enrico	General Practice	A	U; very young
Bolasco, Gian Franco	Dermatology	P	FC; poor student
Bonfanti, Gerolamo	Surgery; connected with San Vittori Ospedale	VG	U
Boni, Amilcare	Internal Medicine; chief of hospital	G	U; retired; old
Bonizzi, Antonio		A	FC (Catholic Party)

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bontadini, Francesco	Dentistry	U	AF
Bordoli, Luigi-		G	FC (Catholic)
Boretti, Cesare	Urology	A	U
Borzani, Aleardo		A	FC (or MF)
Boervi, Piero		P	U (Catholic Party)
Bozzi, Emilio		G	MF
Bozzi, Enrico	Ear, Nose, and Throat	G	FC; very intelligent; son of Emilio Bozzi
Bracchetti, Guido	Dentistry	G	U
Bravetta, Giovanni	Urology	G	FC; formerly in Milan; called for Army
Bresadola, Giuseppe	Diabetes	G	FC; had lame leg
Brinckmann, Elsa	Pediatrics	A	Opportunist; German or Swiss
Bruni, Angelo Cesare	Anatomy	G (research)	U
Brusa, Pietro	Director of Institute for Maternal and Infant Assistance, Prof.	VG	1. VF (party man) 2. reliable 50 years old
Bucalossi, Pietro	Anesthesiology; Cancer Research	G	U
Buia, Brunetta Maria		G	U; Catholic
Caccia, Giacinta		G	U
Cagnola, Amedeo	Ear, Nose and Throat	F	FC; big practice

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Calabresi, Massimo			Formerly in Milan, now At Yale
Calamida, Umberto			Deceased
Calchi, Novati Giulio		G	Catholic Party
Calvini, Egidio-	Surgery	U	Socialist; retired (?)
Cantoni, Giuseppe	Medical Biology	U	FC (Catholic Party); racialist
Cantoni, Oscar	Biochemistry; Hospital Chief, Venezia Giulia	VG	FC
Capelli, Flaminio	Tuberculosis	A	FC
Capelli, Vegni Adele	Social Work	U	NP (Catholic tendency); very rich; philanthropist
Carnevale, Ricci	Ear, Nose, and Throat	VG (the best)	FC
Caro, Luigi de	Physiological Chemistry	U	Studied in Switzerland in 1926-27 under Rockefeller Fellowship; went into industrial work in Milan in 1930; 40 years old
Carpi, Umberto	Tuberculosis	1. G 2. VG	1. FC 2. AF (very outspoken); high reputation; editor of international journal
Casolo, Giovanni	Head of Department, New Hospital	U	Strongly Catholic
Castellani, Enrico		A	FC
Castiglioni, Giovanni	Surgery; Prof. at Univ.; also private practice	1. VG 2. G	FC (AF?)

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Castrovilli, Giuseppe		G	FC; in Army (?)
Cavallotti, Mario	Pediatrics	A	AF (expelled from Party in 1938)
Cazzaniga, Antonio	Legal Medicine; Prof. and Dean of Medical School, Univ. of Milan	Leading authority	Entirely reliable politically; expert in social insurance; 58 years old
Cecchini, Ambrogio	Tuberculosis	1. VG 2. G	MF (had to join Fascism since sanitoria were Fascist-controlled)
Cellina, Marcello	Anatomopathology	1. G 2. VG	FC (Catholic Party); young
Cesa-Bianchi, Domenico	Prof. of Medicine, Univ. of Milan	Brilliant	AF (not active); broadminded and liberal; has cooperated with progressive groups; leading Italian physicians; introduced arsphenamine therapy in Italy; organizer of first European Institute for Occupational Diseases; was private physician of Pope Pius XI; person of intelligence and integrity; exacting in his work
Ciampolini, Arnolfo	Social Insurance	U	U
Cima, Antonio	Tuberculosis	A	FC (Catholic Party); contracted tuberculosis himself
Cislaghi, Ferdinando	Pediatrics	G	FC; Catholic
Clerici, Bagozzi Innocente	Surgery	A	AF (?); very outspoken

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Clivio, Cesare		P	VF; of low moral standards
Colangiuli, Antonio	Assistant at Univ. of Milan	A	MF
Colli, Adelaide		of dubious value	U
Colombano, Mario	Surgery; Urology	A	MF
Colombi, Camillo	Internal Medicine	1. VG 2. G	1. AF (moderately) 2. FC worked with source in clinic
Corberi, Giuseppe	Psychiatry	G	FC (Soc alist?)
Cossali, Cesare	Assistant to Cesa-Bianchi at Milan	G	FC (Catholic Party)
Costadoni, Antonio	Assistant to Cesa-Bianchi at Monza	G	FC (Catholic Party)
Dall'Acqua, Virgilio	Radiology	G	FC
Davoli, Renzo		A	AF; formerly in Milan; probably in Army
Defrise, Aldo	Surgery	1. VG 2. A	1. FC (?) 2. MF was at Mayo Clinic for a year; also worked in New York; speaks excellent English; young
De Gara, Paul			Formerly in Milan, now in New York
De Lieto, Vollaro	Ophthalmology	VG	FC
Della Vedova, Ausano	Ear, Nose, and Throat	G	MF

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De Maio, Giorgio	Surgery	G	VF
Denti, Andrea Vittorio	Ophthalmology	G	FC
De Tomasi, Achille Ambrogio		P	FC; poor student
Deutsch, Arturo	Dermatology and Urology	U	Not an Italian
Dobo, Stefano	Psychiatry	F	Formerly in Milan, present address unknown (perhaps in London); Hungarian
Donati, Mario	Surgery	VG	1. FC 2. FC (strongly AF) Jewish; also reported to be Catholic; was chief of Surgical Department at Ospedale Magiore and also Surgical Institute at University lost his teaching position when the Germans came, but was still allowed to practise; treated the Royal family
Duchini, Lidia	Research	U	U
Emma, Michele	Neurology	G	Catholic Party; formerly in Pavia, now in Milan (?)
Epstein, Boris	Clinical Medicine	VG	VAF; Russian-born; half Jewish; had a clinical laboratory for blood tests
Erba, Rinaldo		U	MF (secretary of student organization)
Ettore, Enrico	Orthopedic Surgery	G	VF; against anti-Semitism; helped refugees

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Fachini, Giuseppe		G	AF; impractical
Fanucchi, Federico		A	MF
Fasoli, Gaetano	Dentistry; Professor	A	MF
Fenwick, Giovanni		G	FC; British subject; internment camp
Ferrari, Virgilio	Head of a ward in the Sanitorium Vittorio Emmanuele, Garbagnate	VG	AF; refused to enlist in Fascism; persecuted for refusal to join Fascist Party
Ferri, Giuseppe	Obstetrics and Gynecology	VG	VAF (outspoken)
Figini, Paolo		G	FC (AF, active); Catholic
Fiorentini, Aldo	Dermatology	U	U; Jewish
Fischer, Rosa		U	U; Polish Jew
Foa, Piero			AF; formerly in Milan; now in Ann Arbor
Fonda, Domenico		A	FC (AF, active); doctor in Milan and Trieste
Fontana, Alfredo	Assistant at Clinic for Industrial Medicine	G	U
Forli, Vasco	Official in social insurance organization	U	MF; said to be rich
Formentano, Victorio	Probably Chief of Italian Association of Blood Donors	VG	1. Democratic, but may have been connected with Fascist Party

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Formiggini, Benedetto	Surgery (children's)	VG	AF; Jewish; formerly Chief of Surgical Department, Children's Hospital; expelled by Fascists
Fornario, Giuseppe		U	U; very old (probably deceased)
Forster, Enrico	Dentistry	G	MF; one of the best dentists in Milan
Forti, Emilio			Formerly in Milan, now in Boston
Fossati, Franco	Radiology	G	U; Catholic
Fossati, Ricardo		G	U; Catholic; brother of Franco Fossati
Fraccari, Bruno	Dermatology	A	FC; Catholic
Francia, Edgardo	General Practice	G	FC; Catholic
Fraschini, Alcide		A	VF (member of Fascist Militia)
Frassi, Luigi	Surgery	G	Catholic
Frates, Achille		G	FC (as a student was a liberal democrat)
Frugoni, Pietro		G	FC (AF); studied at Mayo Clinic; son of Prof. of Medicine at Univ. of Rome
Fugazza, Edvige	Bacteriology; member of Board of Health	G	FC
Galeazzi, Cesare	Ophthalmology	VG	FC; one of the best eye specialists
Galeazzi, Riccardo	Orthopedics; Professor	VG	FC; former Chief of Orthopedic Department in Univ.; father of Cesare Galeazzi; old

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Gallone, Luigi	Pathology	A	FC; half-British (speaks English)
Gasparini, Italo	General Practice	A	MF
Gatti, Cesare	Obstetrics	A	FC; not prominent
Gavazzi, Anna Maria		A	AF; prominent Catholic; niece of Kulishoff, famous early Socialist
Gemelli, Siro Angelo	Research	VG	Catholic priest; excellent research man; did research in a Catholic hospital and for newspapers on medical subjects
Gheranduzzi, Aldo	General Practice	A	FC; lame leg
Gianferrari, Luisa	Biology	G (research)	VF; Catholic; taught at Univ.; prominent in racial activities; brother a member of the Fascist Parliament
Giani, Di Valpo Emilio	Allergies	G	FC (AF)
Gianni, Edgardo	Surgery	G	FC; from a Liberal family; wounded in Albania by British
Giannini, Giovanni	General Practice	A	FC; Catholic; timid as student
Gibello, Socco Esilda	Psychiatry	P	U; not bright
Giolla, Piero	Neurology	G	FC (AF; Catholic Party)
Giolla, Rosenfeld Madalena			FC; good student; Hungarian-Jewish refugee; aided husband, Piero Giolla; did not practice medicine

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Giussani, Mario	Ear, Nose, and Throat	G	U
Gozzi, Celestino	Hygiene; with Board of Health	G	MF
Gozzi, Lina	Bacteriology	A	FC
Grancini, Enrico	Ophthalmology	A	FC (MF?); very vain; deaf
Greppi, Adolfo		G	FC (of liberal familY); may be retired
Guzzi, Remo	Surgery	G	FC; old
Horovitz, Guglielmo	Radiology and Internal Medicine	G	U; not in Italy now; came from Germany to Milan
Hruska, Arturo	Dentistry	G	U; dentist to the Royal Family
Hruska, Corrado	Dentistry	G	U; dentist to the Royal Family
Ingber, Edmondo	Radiology	VG	U; formerly in Milan, left Italy
Iuhasz, Schaeffer, Alessandro	Ophthalmology	VG	AF; Hungarian
Keinz, Cattaneo Giannini		A	AF (Catholic); known only as intelligent student
Krauss-Castelli, Giorgio			Formerly in Milan, may be in United States
Krohn, Giovanni	Obstetrics	G	AF; formerly in Milan, now in Montreal, Canada
Kruch, Giacomo	Ophthalmology	A (uses old methods)	U; had good practice
Lambertenghi, Luigi	Dentistry	G	FC (moderate); good student

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Lasio, Giovanni Battista	1. Surgery and Urology 2. Urology; Univ. Professor	1. G 2. VG	1. MF 2. U; old
Lazzarini, Lanfranco	Surgery	G	FC; temperamental
Leffi, Angelo	Surgery	A	FC
Legorini, Mario			Deceased
Lenczner, Moritz			Formerly in Milan, now in Bombay, India
Levi, Paolo			Formerly in Milan, now in Watertown, Mass.
Lewithin, Leone	General Practice	A	Formerly in Milan; now in New York City; Russian born
Lorenzini, Giovanni			Formerly doctor in Milan; deceased
Lorenzola, Lorenzo	Tuberculosis	A	FC (Catholic)
Losio, Livio	General Surgery; Chief Surgeon in Swiss Hospital	VG (one of the best)	FC(?)
Lucchini, Carlo	Bacteriology and Practical Medicine	A	FC (MF?)
Lusena, Marcello	Allergies and General Medicine	1. G 2. Excellent	FC (AF); Jewish; had to resign from university
Maffi, Attilio	General Practice	U	Socialist
Maggioni, Winderling Aldo	Dentistry	G	FC; retired
Mahn, Herbert			Formerly in Milan, now in Zürich, Switzerland

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Maiocchi, Andrea	Surgery	G	1. FC 2. AF Worked at Mayo Clinic; son a doctor in Albania and was AF
Maior, Stefano			Formerly in Milan, now in Binghamton, New York
Malcovati, Piero	Obstetrics and Gynecology	VG	U
Marcora, Ferrucio		G	FC; son of former President of Senate
Margaria, Rodolfo	Physiology; Prof. at Univ. of Milan	VG	FC (does not believe in Fascist Party, but has no strong political conscience)
Margstahler, Franco	General Practice	A	Recently reported AF; formerly MF
Marinoni, Antonio	General Practice	A	In 1940 became AF
Martinelli, Alessandro	Chief of Medical Department, City Out-Patient Department	G	FC
Massarotti, Vito	Medical Chief, Social Insurance	U	VF; reputed grafter
Masserini, Provino	Radiology	VG	FC
Mattioli, Roberto		U	AF as a student, U later
Maugeri, Salvatore	Biochemistry	G	U
Mayer, Ida	Pediatrics		Formerly in Milan, now in New York
Meda, Carlo	Gynecology	G	U; Catholic; good practice

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Meda, Giov. Batta.			Deceased
Medea, Eugenio	Neurology and Psychiatry	VG	FC (AF); popular doctor
Micheli, Mario		old-fashioned	U; retired from hospital
Milla, Eloisa	Physiology	A	AF; Jewish
Miserocchi, Enrico	Neurosurgery	U	Politically variable; father high up in Fascist Party; strongly anti-Semitic
Molnar, Ladislao	Obstetrics	A	U; Hungarian
Molteni, Michele	General Practice	G	FC; Catholic student
Monfardini, Renzo		U	VAF; not a good student; primarily interested in politics
Montanini, Nello	Tuberculosis	G	U
Mulazzi, Gualtiero	Pathology	G	FC
Nadel, Enrico	Dentistry	VG	U; born in Poland
Nasso, Ivo	Pediatrics	1. G 2. VG 3. VG	1. FC; married Jewish girl (?) 2. FC (AF) 3. NP
Nelli, Guido	Advisor to pharmacological factory	G	AF; was dismissed from his position at Univ. of Parma because of racial laws
Neppi, Gino			Formerly in Milan; now in Bogota, Colombia
Niederland, Guglielmo	General Practice		AF; German; formerly in Milan, now in New York
Nogara, Giuseppe	Surgery	G	FC; Catholic

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Nolli, Bruno		G	FC; Catholic
Nussbaum, Rodolfo	Ear, Nose and Throat		AF; formerly in Milan, now in London
Odescalchi, Clementino	Surgery	A	MF; anti-Semitic
Orbach, Rudi	General Practice	VG	AF; formerly in Milan, now in Massachusetts
Orlandi, Noel	Laboratory work	G	FC; Catholic
Orsi, Arrigo	Biochemistry; Internal Medicine; and Tuberculosis	VG	FC; Catholic; grandmother Jewish
Orthman, Walter		G	FC
Papp, Cornelio			Formerly in Milan, now in London
Parvis, Daniele		G	FC; strongly Catholic
Pasini, Agostino	Dermatology; Prof.	1. G 2. VG	1. FC (AF) 2. VF (militant)
Pattarin, Piero	Surgery	P	VF
Peduzzi, Franco		G	FC; Catholic
Pepere, Alberto			Deceased
Pepere, Marcello	Surgery	G	FC
Perolari, Santo	General Practice	P	U
Perussia, Felice	Radiology	G	FC (MF?); well known
Pettinari, Vittorio	Surgery	G	VF (senior officer in Fascist Militia)
Pezzi, Cesare	Cardiology	VG	FC; widely known
Picchini, Gerolamo	Clinical Medicine	VG	VAF (active)

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Piccinini, Prassitele	Philanthropy; pharmaceutical business; no medical practice		VF; political ambition for the Senate
Pierangeli, Luigi	Surgery	A	MF
Pini, Paolo	Nervous Diseases; co-Director of Medical Department	VG	VAF (a leader of the Socialist party)
Pisani, Luigi	Urology	G	FC
Poli, Enrico	General Practice	G	FC (AF)
Porta, Virginio	Neurology	G	FC
Pozzi, Giuseppe	Surgery	G	FC; Catholic
Predaroli, Tommaso		A	FC
Predieri, Giuseppe	Chiropody	G	U; well known in profession
Preti, Luigi	Prof. of Industrial Medicine	G	FC
Preto, Vittoria	Anatomy	G	FC (Catholic Youth)
Pugliese, Angelo			Deceased
Pugliese, Rodolfo			Formerly in Milan; now in Argentina
Ragazzi, Carlo Alberto	Epidemiology; Chief, Board of Health	G	MF (FC?); intelligent man
Ragnotti, Ercole	Surgery	A	VF (member of Fascist Militia)

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Ratti, Arduino	Radiology	G	U
Re, Giuseppe	General Practice		Fashionable doctor, with extensive practice
Riva, Crugnola Guido	Urology	P	MF (FC?)
Rizzi, Roberto	Surgery and Urology	G	AF
Rocchini, Giuseppe		G	FC (AF); believed to be a prisoner of war
Roizin, Aro			Formerly in Milan, now in U.S.
Ronchetti, Vittorio		G	FC
Ronzani, Enrico	Prof. of Hygiene, and Medical Director, City Hospital	A	MF (FC?)
Rossi, Leopoldo	Medical Chief Hospital	VG	FC (liberal)
Roversi, Anton Spartaco	Diseases of the Blood	G	FC; Catholic
Salaris, Carlo		G	FC; Catholic
Sangiorgi, Piero	Allergies	A	VF
Sansone, Leonardo		G	FC; very nervous
Sartirana, Michele	Urology	A	FC (AF)
Scalarbino, Rosario		G	U
Schiavo, Edmondo		A	FC (AF)
Schneider, Emilio	General Practice	A	AF; Swiss; pretty well known
Schwartz, Emilio	Pediatrics	G	VF; racialist

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Schwartz, Willy	Pediatrics	G	VAF
Scomazzoni, Tullio	Gonorrhea	G	FC (MF?)
Scorza, Gino		G	FC (AF?); Jewish; critical and outspoken
Segre, Enrico		G	1. FC (AF?) 2. MF Jewish; critical and outspoken
Segre, Giorgio	Dermatology	G	FC; Jewish
Semenza, Carlo	Medical Director of Hospital and Red Cross	G	FC
Silva, Camillo	Gynecology and Obstetrics	G	U
Soave, Guglielmo	General Practice	A	MF
Solazzi, Walter		U	AF (as a student)
Sosio, Mario		A	FC; Catholic
Sostegni, Alfredo	Surgery	A	MF (FC?)
Spissu, Tito	General Practice		Formerly in Milan, now in the United States
Talini, Pier Carlo	Institute for Cancer Research	A	FC; Catholic
Tempini, Marino	General Practice	A	FC; mild Catholic
Treves, Riccardo	Dermatology	VG	VAF (Socialist); originally from Trieste
Trinnanzi, Mario		G	MF in the past; VAF since 1940
Trivellini, Oscar Armando	Surgery	G	U

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Tron, Giorgio	Hygiene	G	U
Ungar, Norberto	Dentistry		Jewish; may have left Milan
Vaghi, Alberto	Radiology	G	FC (liberal-minded)
Valenti, Adriano	Chief of Pharmacology Institute	1. VG 2. G	1. FC (AF) 2. VF
Valerio, Mario	Ophthalmology	G	FC (AF); speaks English (mother is Jewish-American)
Vallardi, Carlo		G	FC; Catholic
Valsecchi, Romeo	Radiology	A	FC (Catholic Party); anti-Semitic
Vigano, Aldo	Diseases of the Joints	G	FC
Villa, Luigi	Prof. of Medicine at Univ. of Milan	G	FC; uncongenial
Weisselberger, Leone			Formerly in Milan, now in Palestine
Wiget, Giuseppe	Radiology	A	U; Catholic; old; had heart trouble in 1938
Wreszynski, Ernesto			Formerly in Milan, now in Halifax
Wugmeister, Isacco	Urology		Formerly in Milan, now in Australia
Wugmeister, Leonida			Formerly in Milan, now in U.S.
Zardi, Mario	General Practice	VG	FC; intelligent
Zironi, Amilcare	Bacteriology; Professor	VG	FC (Catholic Party)
Zoia, Luigi		VG	1. VAF (ardent Socialist) 2. FC (liberal-minded) Preceded Cesa-Bianchi as Chief of Medical Clinic.

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(12) Pavia		
Fedeli, Fedele		G	NP
Ferrata, A.	Clinical Medicine	G	Politically reliable
Locatelli, Piero	At Institute of Pathology, 1937		Studied Bacteriology and Parasitology in France, 1928
Soctti-Foglieni, Luigi	At Institute of Pathology, 193		Studied Biochemistry in France, 1927, 1930-31
Senata, Adolfo		G	NP
Veratti	Pathology	G	Politically reliable

PIEDMONT

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(13) Turino		
Adler, Paolo	Dermatology	A	U; naturalized Italian of Hungarian origin
Allaria, Giovanni B.	Pediatrics; teacher at Univ. of Turin	1. VG 2. G	1. FC 2. VF
Allodi, Angelo	Gastroenterology	G	U
Amodeo, Pietro	Psychiatry; State Asylum	F	FC (opportunist)
Amprino, Rodolfo	Biology	G	U; may have studient in U.S.
Andenino, Edoardo	Neurology, courts and criminology	G	FC (opportunist)
Ando-Giannotti	San Vito Hospital	G	Possibly Fascist
Andrei, Giuseppe	Bacteriology	G	FC
Angeleri, Claudio	Internal Medicine	A	MF; young

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Appiano, Annibale	General Practice	A	FC (AF)
Arullani, Francesco	Neurology	A	FC
Asinelli, Carlo	Internal Medicine	A	FC
Audo, Gianotti	Internal Medicine	G	MF
Azzi, Azzo	Bacteriology; Professor at Univ. of Turin	1. G 2. VG 3. Untrustworthy	VF (in Fascist Militia)
Bachi, Sergio	General Practice	G	AF
Baiardi	General Practice	G	Non-Fascist; was connected with the Univ.
Baiardi, Giuseppe	Internal Medicine	G	FC (probably AF) (same as preceding?)
Bairati, Angelo	Anatomy	G	FC
Barbero, Gilberto	General Practice	G	VAF
Barone, Vittorio G.	Internal Medicine	G	FC
Battistini, Stefano	Diabetes and Metabolism	G	1. Non-Fascist 2. FC (AF?) Was connected with the University
Bertocchi, Andrea	Surgery	G	1. VF 2. MF
Bertone, Guido	Surgery	1. G 2. VG	1. FC 2. Non-Fascist
Biancalana, Luigi	Surgery	G	FC
Bima, Giuseppe	General Practice	G	NP; large practice

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bizzozzero, Enzo	Dermatology; Professor of Skin and Venereal Diseases at Univ. of Turin	G	1. VF (high officer in Fascist Militia) 2. FC
Bobbio, Antonio	Surgery	G	FC; son of Luigi Bobbio
Bobbio, Luigi	Surgery	G (a leading surgeon)	1. FC 2. U (Catholic Party); old
Boidi-Trotti, Giacinto	Radiology	G	FC
Bolaffi, Roberto	Obstetrics	A	U
Bolsi, Dino	Nervous and Mental Diseases; teaches at Univ. of Turin	VG	FC (opportunist); not listed in A.S.I. but known to be in Turin 1940
Bonfante, Alessandro	General Practice (?)	A	FC
Bonferroni, Guido	Internal Medicine	F	FC; anti-Semitic
Bonnet, Guido	General Practice	A	VF
Borsarelli, Fernanda	Pediatrics	a little less than good	U
Botteselle, Dino	Dermatology	G	FC
Braccio, Elena		F	U
Braccio, Feliciano	Ear, Nose, and Throat	A	VF: husband of Elena Braccio
Bram, Giorgio	Psychiatry	F	U; of Polish or Swiss origin
Bruno, Vittoria	General Practice	F	U
Bruzzone, Carlo	Ear, Nose, and Throat	G	FC

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bucciante, Luigi	Anatomy; First Assistant, Institute of Anatomy	G (laboratory work)	1. FC (AF?) 2. AF (moderate)
Camera, Ugo	Surgery and Orthopedics; Prof. at Univ. of Turin	G	FC
Canuto, Aldo	Legal Medicine	G	FC
Caporale, Luigi	Urology	A	FC: probably some study in U.S.; ambitious experimenter; slightly unbalanced.
Carando, Quirico	Radiology	G	FC
Carrara, Jr.	Physician	G	Politically reliable
Casassa, Adolfo	Internal Medicine (contagious diseases) in charge of hospital	G	FC (conser
Cattaneo, Mario	Surgery	A	U; came from Switzerland
Ceresa, Francesco	Internal Medicine (?)	G	MF
Cerruti, Carlo Franco	Hygiene; connected with Univ. of Turin	G	VF
Ceruti, Giulio	Internal Medicine	A	FC
Chiaudano, Carlo	Urology	G	FC
Cionini, Aldo	Kidney Diseases and Metabolism; was connected with Univ. of Turin	G	Non-Fascist (FC?)
Civalleri, Alberto	Neurology	G	FC (MF?)
Coggiola, Domenico	Internal Medicine	G	AF; never in Party
Colombino, Silvio	Urology	G	U (FC?)
Colombo, Cristofero	Surgery	G	FC

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Colombo, Guglielmo	Pediatrics	G	FC (AF); brother of Cristofero Colombo
Conte, Ettore	Radiology	1. G 2. VG	1. FC 2. NP
Cormegna, Maria	General Practice	A	FC (AF): Catholic
Cossu, Bruno			Deceased
Costa	Internal Medicine; at Maurizio Hospital	G	Non-Fascist
Costanzo, Felice	Internal Medicine-	A	FC (AF?)
Couvert, Carlo	Dermatology	A	U
Cova, Ercole	Obstetrics and Gynecology; Prof. at Univ. of Turin (one of best in Italy)	1. G 2. VG	1. FC (opportunist) 2. FC (AF) 3. Non-Fascist
Crosetti	General Practice; was connected with the Univ. of Turin	G	Non-Fascist
Cuizza, Tito	Obstetrics and Gynecology	G	1. FC? 2. AF
De Benedetti, Hertz	Urology	A	FC?
Delorenzi, Enzo	Radiology	G	FC
De Matteis, Francesco	Internal Medicine	G	FC
De Mattia, Roberto	Surgery	A	FC
De Michelis, Ugo	Internal Medicine	G	FC
Denoyer, Aldo	Ear, Nose, and Throat	G	FC
Desderi, Paolo	Serology	1. VG 2. G	FC (politically mum); has knowledge of Chinese; Japanese; violinist

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Di Aichelburg, Ulrico	Hygiene	G	FC
Diena, Dario			Jewish; may be in Brazil
Diena, Giuseppe	Gastroenterology	G	U; uncle of Dario Diena; old
Di Macco, Gennaro	Pathology; Professor	G	MF (position primarily owed to politics)
Donegani, Giacomo			Probably went to Brescia
Droth, Ernesto	Dentistry	A	U
Egidi, Ernesto	Pediatrics	A	U
Erber, Bruno			Now in New York
Ferrari, Alessandro	Dermatology	G	1. FC 2. Non-Fascist
Ferria, Contin Gianfranco	Internal Medicine	G	AF; army officer in World War I; studied medicine when rather old
Ferria, Luigi	Urology	G	U; uncle of Contin Gianfranco Ferria; old
Ferrio, Carlo	Psychiatry; at State Asylum	G	FC (opportunist)
Ferrio, Luigi	Internal Medicine	G	FC (opportunist); father of Carlo Ferrio
Finucci, Valerio	Surgery	A	Politics; suspect; brother was Chief of Fascist Secret Police in Turin
Foa, Amos	Pediatrics	G	FC; Jewish; may have left Turin
Foa, Arrigo	Radiology	G	FC; Jewish; may have left Turin

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Foltz, Pino	Medical Superintendent at San Giovanni Hospital	U	FC; may have been Catholic
Fontana, Arturo	Dermatology and Venereal Diseases	G	U
Fornaca (Di Sessanti), Luigi (Count)	Internal Medicine; at Maurizio Hospital	G	1. FC (MF?) 2. Closely linked to Fascists
Frattini, Pier Giuseppi	Surgery	G	FC
Fubini, Adolfo	General Practice	G	FC; Jewish; probably still in Turin; old
Fubini, Emanuele Filiberto	Internal Medicine	A	MF; Jewish; probably still in Turin
Gallian, Umberto	Neurology	G	FC (AF?)
Galocsi, Emerico			Probably now in Belgium
Gamma, Carlo	Internal Medicine; Professor at Univ. of Turin	1. G 2. VG	1. FC; probably Catholic 2. Christian Democrat 3. FC (politically mum) 4. NP
Gasca	Internal Medicine	G	Non-Fascist
Gasca, Enrico	General Practice	G	AF (never Party Member); same as preceding
Giordano, Cesare	Internal Medicine	G	FC; possibly prisoner of war in U.S.
Giordanengo, Guglielmo	Surgery	G	FC
Girardi, Pietro	Gastroenterology	G	AF; old
Gomirato, Giuseppe	Neurology	A	FC (AF)

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Goria, Carlo	Psychiatry; at State Asylum	VG	MAF
Griva, Luigi	Internal Medicine	G	FC
Guastalla, Roberto	Internal Medicine	G	FC; Jewish 1. may still be at Turin 2. also reported to be in South America
Guglianetti, Luigi	Ophthalmology; Prof. at Univ. of Turin	1. G 2. VG	1. FC (officer of Fascist Militia; may be just opportunist) 2. Fascist
Guidetti, Ettore	Pharmacology	A	FC
Herlitzka, Leonardo			Now in Buenos Aires
Herzberg, Ernesto			Has left Turin
Iachia, Alfredo	Thoracic Surgery	G	U; Jewish; leading surgeon; old
Imber, Isidoro			Now in the U.S.
Impallomeni, Guglielmo	Internal Medicine	A	FC? (AF?)
Iona, Giulio			Now in New York
Lattes, Raffaele			Now in New York
Leir, Giuseppe	Anatomy; formerly Prof. at Univ. of Turin	world authority in Histology	Liberal with Fascist tendencies; never belonged to Fascist organizations; probably now at Iseo; retired from Univ. because of racial laws
Lenti, Camillo	Physiology	A	FC

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Levi	Obstetrics	G	Jewish
Levi, Alberto	General Practice	A	AF; was in concentration camp at one time
Levi, Carlo	Internal Medicine	U	AF
Levi, Guido	Obstetrics and Gynecology	G	U
Levi, Giuseppe	Anatomy	VG	AF; Jewish; excellent man; not in A.S.I.; old
Levi, Luisa	Psychiatry (children's)	G	AF; Jewish
Levi, Rita	Histology	G	AF
Lucca, Alfredo	Pediatrics	G	FC
Lugaro, Ernesto			Deceased
Luria, Salvatore			Now in Indiana, U.S.
Madon, Vittorio	Pediatrics	A	FC
Maestri, Ottaviano	Tuberculosis	A	FC
Mairano, Maria	Surgery	G	FC
Malan, Arnaldo	Ear, Nose, and Throat; Prof. at Univ. of Turin	G	1. FC(?); Protestant 2. NP 3. Non-Fascist
Malan, Guido	Tuberculosis	G	U
Malan, Renato	Surgery	A	FC; son of Guido Malan
Marcolonga, Fernando	Internal Medicine	G	FC
Marro, Andrea	Surgery	G	1. FC 2. MF; old
Masante, Giorgio	Internal Medicine	A	FC
Maspes, Paolo Emilio	Neurology and Neurosurgery	G	FC

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Massa, Giovanni	Surgery	G	1. FC 2. Possibly Fascist
Massimello, Francesco	General Practice	A	FC
Massobrio	Internal Medicine; Assistant to Sisto	G	1. Non-Fascist 2. FC (AF?)
Masuelli, Lorenzo	Internal Medicine	A	FC; Catholic
Mattirolo, Gustavo	Internal Medicine and Neurology	1. G 2. VG	FC
Megro, Fedele	Neurology; Director Cottolengo Hospital	G	FC (opportunist)
Melanotte, Maurizio	Urology	G	FC
Mensi, Enrico	Pediatrics	G	U
Meynier, Emilio	Pediatrics	G	U
Midana, Alberto	Dermatology	G	FC
Migliardi, Luigi	Urology	G	FC
Milone, Sebastiano	Surgery	G	U
Molfese, Renato	Bacteriology	A	FC
Molinengo, Luigi	Surgery	G	FC
Mollo, Luigi	Surgery	G	FC (AF)
Momigliano, Levi Giulio		U	Jewish; may have left Turin
Monti, Angiola	Tuberculosis	A	U
Moracchini, Ruggero	Internal Medicine	G	FC (AF)
Mottura, Giacomo	Pathology	G	FC; Catholic
Muggia, Alberto		U	May have left Turin

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Negro, Fedele	Neurology	A	FC; closely connected with Royal House
Negro, Giorgio	Bacteriology	A	MF
Neppi, Modona Gino	Tuberculosis	U	Jewish; may have left Turin
Nicola, Beniamino	Dermatology and Venereal Disease	G	U (politically mum)
Nizza, Mario	Obstetrics	U	Jewish; may have left Turin
Nuggia, Aldo			Now in South America
Nussbaum, Alessandro	Dentistry	U	Jewish
Oliva	Diseases of the Liver and Metabolism; was connected with the Univ. of Turin	G-	Non-Fascist
Olivetti, Renzo			Now in U.S. Army
Ottolenghi, Paolo			Jewish; may have left Turin
Palomba	Cardiology; at the Maurizio Hospital	G	1. Non-Fascist 2. FC Has been in the U.S.
Penati, Fausto	Internal Medicine; Cardiology	G	1. FC 2. Non-Fascist
Perlroth, Salomone			Probably has left Turin
Pescarmona, Marco	Internal Medicine	A	FC
Pesci, Ernesto	Internal Medicine	G	FC
Piccaluga, Siro Francesco	Ophthalmology	G	U

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Pinna, Pintor	Surgery; owner of private sanitorium	U	U; old
Placeo, Ferdinando	Surgery	A	FC
Pochino, Maria Lucia	Member of Board of Health	F	U
Pontrelli, Ennio	Legal Medicine	G	AF (FC?)
Ponzio, Mario	Radiology	1. G 2. VG	1. FC 2. AF
Prati, Livio	Internal Medicine	G	VAF (militant; persecuted)
Psacharopulo, Giorgio	Surgery	A	FC
Quadrone, Carlo	Internal Medicine	G	U
Quaglia, Filippo	Gastroenterology	G	1. FC 2. Non-Fascist
Quaglia, Senta Alberto	Internal Medicine	G	FC (AF)
Quarelli, Gustavo	Internal Medicine; Industrial and Social Medicine (Social Insurance)	G	1. FC 2. MF
Rabbeno, Angelo	Pharmacology; Consultant	G	Dismissed from Univ. of Genoa for racial reasons in 1938; honest and reliable; but retiring
Raimondo, Giuseppe	Psychiatry	A	FV (FC?)
Ravenna, Paolo			Now in U.S.
Reschia, Carlo	General Practice	F	VF
Rigoletti, Luigi	Internal Medicine	G	FC
Rivano, Camillo	Dentistry	F	NP; son of Frederico Rivano

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Rivano, Frederico	Formerly Director of State Asylum		AF; very old
Rossenda, Giuseppe	Neurology (children's)	G	FC
Robecchi, Alessandro	Internal Medicine	G	FC
Robecchi, Emilio	Obstetrics	G	FC; brother of Alessandro Robecchi
Romanese, Ruggero	Legal Medicine; Prof. at Univ. of Turin	G	FC
Romero, Andrea	Neurology	G	U
Rondelli, Ugo	Internal Medicine	G	FC (AF, moderate)
Rossi, Pier Giuseppe	General Practice	F	MF
Rotta, Cesare	Tuberculosis; was connected with Univ. of Turin	G	1. FC 2. Non-Fascist
Rowinski, Paolo	Physiology; at Univ. of Turin	G	FC
Sacerdote, Anselmo	Psychiatry; Criminology	G	1. FC (AF): Jewish; old 2. NF
Saini, Franco	General Practice; Psychiatry	1. F 2. G	VF; Jewish; old
Salmoni, Bruno			Probably has left Turin
Santone, Mario	Psychiatry	G	FC
Sapegno, Ennio	Physiology	G	VF (offic in the Fascist Militia)
Schwartz, Eugenio	Pediatrics	G	U

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Segre, Giulio			Now in Brazil
Segre, Renato	Ear, Nose, and Throat	G	FC; Jewish; may have left Turin
Serafini, Giuseppe	Surgery	G	U
Silvani, Antonio Gustavo	Tuberculosis	F	MF (officer in the Fascist Militia)
Sinistrero, Cesare	Radiology	1. G 2. A	1. VF (fanatic) 2. FC
Sisto, Pietro	Internal Medicine; Professor	G	1. FC 2. Non-Fascist 3. MF
Stoppani, Franco	Radiology	G	FC
Storaci, Franco	General Practice	A	MF
Stropeni,	Surgery; Professor	1. G 2. VG	1. Non-Fascist 2. FC (AF)
Tirelli, Gaspare	Ophthalmology; First Assistant to Guglianetti	G	NP
Tirelli, Vitige	Assistant Director of State Asylum	G	FC; father of Gaspare Tirelli
Toia, Giuseppe	**Internal Medicine**	**G**	**FC; (AF)**
Treves, Guido			Now in Peru
Treves, Marco	Psychiatry; First Assistant to Lombroso	G	AF; old
Uffreduzzi, Ottorino	Surgery; Professor	1. G 2. VG	1. FC 2. MF 3. NP 4. Non-Fascist
Usseglio	Was connected with Univ. of Turin	G	Non-Fascist
Usseglio Mattiet, Guido	Internal Medicine	G	FC; Catholic (?); same as preceding
Valobra, Nino	K Internal Medicine	1. VG 2. G	Non-Fascist; Jewish; old

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Vanzetti, Ferruccio	Pathology and Anatomy; Professor	1. G 2. VG	1. FC; rather anti-Semitic 2. VF; former Dean of Univ. of Turin 3. NP (assumed to be a member of Fascist Party)
Vecchi, Giuseppe	Surgery	G	FC
Velicogna, Alberto	Internal Medicine and Industrial Medicine	G	FC
Vendarme		G	Non-Fascist
Verderame, Veccho Filippo	Ophthalmology	G	AF
Viarano	Gastroenterology at Maurizio Hospital	G	Non-Fascist
Vigliani, Enrico Carlo	Internal Medicine and Industrial Medicine	G	FC; married Badoglio's niece
Virano, Guido	Gastroenterology	G	FC (AF)
Visintini, Fabio	Neurology and Psychiatry	1. G 2. VG	1. AF (FC?) 2. VAF (militant) 3. Non-Fascist 4. Reliable
Vita, Arrigo	Ophthalmology	G	U; Jewish; may have left Turin
Viziano, Angelo	Internal Medicine; Industrial Medicine; Physical Culture	A	FC
Vogliazzo, Ugo	Internal Medicine	A	FC (AF)
Volante, Francesco	Pathology and General Practice	G	AF; Catholic
Volterrani, Ottavio	Internal Medicine	A	VF

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Widmer, Umberto	Pediatrics	G	FC (AF)
Zancan, Bernardo	Internal Medicine	A	FC
Zeglio, Pietro	General Practice	G	FC (AF); Catholic

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS AND REMARKS
	VENETO		
	(14) Belluno		
Potoschnigg	Surgery	G	Politically reliable
	(15) Padua		
Bastai, Pio	Internal Medicine; Prof. at Univ. of Padua	VG	1. VAF 2. NP (assumed to be member of Fascist Party); Catholic
Bertolini, Gausta	Prof. of Zoology at Univ. of Padua	G	Has special reason for hating Nazis and Fascists; person of charm and great energy; national reputation; could be useful
Cagnetto, Giovanni	Pathology and Anatomy	U	NP (assumed to be member of Fascist Party); aged 70
Casagrande	Prof. at Univ. of Padua	U	Very well known
Ducceschi	Physiology; Prof. at Univ. of Padua	VG	U
Fasiani, Gian Maria	Surgery; Prof. at Univ. of Padua	VG	1. VAF 2. NP (assumed to be member of Fascist Party); Catholic

NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS AND REMARKS
Frontali, Gino	Pediatrics; Director Clinic at Univ. of Padua	1. VG 2. G	NP
Gasbarrini	Prof. at Univ. of Padua	VG	NP
Pelligrini	Legal Medicine; Prof. at Univ. of Padua	VG	AF
Terni, Tullio	Histology, Embryology, and Anatomy	U	Prof., and Director of the Institute of Anatomy, Univ. of Padua, until dismissed at the end of 1938; studied Experimental Cytology in the United States in 1937-38 under Rockefeller Fellowship; in 1940 proved that he was not a Jew and was allowed to carry on in his laboratory; 53 years old.
	(16) Udine		
Pieri, Gino	Surgery; Public Hospital	VG	AF; was ousted from professorship at Univ. of Bologna
	(17) Venice		
D'Arbela, Felice	Internal Medicine; Physician-in-Chief, Mazzione Hospital	VG	FC (VAF); Catholic
Vivante	Public Health	G	Reliable politically; former Chief of Dept. of Health

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(18) Verona		
Maia		G	NP
	VENEZIA GIULIA		
	(19) Fiume		
Curri	Gynecology	U	U
De Pompeis		U	VF
Filippovich	Ophthalmology	U	U
Grossich	Surgery	U	U
Hobert		VG	Well-liked; good organizer
Holzabeck	Radiology	VG	AF
Lenaz, Leonello		G	Reliable
Maraspin	Urology		MF
Maxer	Ear, Nose, and Throat	U	U
Persi	Tuberculosis	U	VF
Piccotti		U	VF
Pisano		U	VF
Posder		U	U
Spaniolo	Hygiene	G	MF
Spetz-Quarnari	Ospedale Communale	U	AF; weak, afraid, not reliable
Tuchtin		U	U
Vettin		U	VF

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
	(20) Gorizia		
Marin		G	Politically reliable
	(21) Pola		
Petz, Emilio		G	Politically reliable
	(22) Rovigno		
Hämmerling, Karl	Director of Marine Biological Station	G	At heart anti-Nazi, but had to comply; young, Lutheran, German
Sella, Massimo	Director of Marine Biological Laboratory	VG	AF (outspoken); was isolated, but never annoyed owing to family prestige
	(23) Trieste		
Appollonio, Alfonso	Ophthalmology	G	1. FC 2. Unreliable
Barziali, Gemma		U	Formerly at Trieste, now in New York
Battigelli, Giacomo	Tuberculosis	A	MF (?)
Beden, Riccardo	Internal Medicine	A	FC (?)
Bernardi, Ettore	Radiology	A	FC
Blau, Bellaudi Paolo	Internal Medicine	A	FC; Jewish; may be at Trieste
Boiti	City Hospital	U	NP

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Bolaffio, Carlo	General Practice	A	U; Jewish; may still be at Trieste
Botteri	City Hospital	U	AF
Brun	Obstetrics	A	U
Brunetti, Lodovico	Radiology	A	FC
Buchberger, Enrico	Surgery	A	FC (?)
Bunner, Alfredo	Internal Medicine	G	U; Jewish; may still be at Trieste
Cabiglio, Bernardo	Surgery	G	FC; Jewish; may be at Trieste
Carabei, Arrigo	Pediatrics and Infectious Diseases	A	FC
Carvaglio, Edgardo		G	Probably not a Fascist; Captain or Major in Army
Castiglioni, Arturo			Formerly at Trieste, now at Yale
Catolla, Cavalcanti Ettore	Internal Medicine	A	FC
Cicin, Adalberta	Pediatrics	A	U
Cipriani, Finzi Ondina			Probably left Trieste
Coffler		G	Politically reliable; could be made head of city hospitals

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Cofleri, Attilio	Internal Medicine	G	FC
Comisso, Emilio	Orthopedics	A	U
Constantinides, Costantino	Neurology	G	FC (?)
Cozzi, Ramiro	Dentistry	A	MF
Cristofoletti, Roberto	Obstetrics and Gynecology	G	U; old
D'Agnolo, Arturo	Radiology	A	FC
Danelon, Guglielmo			Deceased
De Favento, Piero	Dermatology	A	U
De Grisogono, Adolfo	Gynecology	G	U (FC?)
Dei Rossi, Armando	Ear, Nose, and Throat	F	VF
De Lindemann, Teodoro	Internal Medicine	A	FC
De Porenta, Renato	Obstetrics and Gynecology	A	U
D'Este		G	NP
D'Este, Almerigo	Surgery; Chief of Surgery, City Hospital	1. G 2. VG	1. FC 2. AF
Disraeli		G	NP
Duca, Aldo	Obstetrics and Gynecology	A	FC

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Epstein, Leone			Deceased?
Ercolessi	City Hospital	U	NP
Fabricci, Decio	General Practice	A	U
Ferrari, Enrico	Pathology	G	FC (AF)
Filippini, Battistelli Giuseppe	Ear, Nose, and Throat	A	U
Finzi, Aurelio			Has left Trieste
Freund, Emanuele			Deceased
Gall, Pietro	Superintendent, main hospital	VG (administrator)	MF
Gatterno, Sebastiano	Obstetrics	G	U; old
Germani	Surgery; City Hospital	U	AF
Goyer, Mario	General Practice (?)	A	U (FC?)
Giorgacopulo, Demetrio	Surgery; City Hospital	1. G 2. VG	1. U (FC?); Greek 2. AF
Gladuli, Lamberto	General Practice	G	U; old
Goldstein, Marco	Internal Medicine	A	AF; Jewish; at one time in concentration camp
Gopcevich, Marino	Neurology	G	U
Gortan, Giorgio	Radiology	A	U

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Grandi, Giulio	Dentistry	G	U (FC?)
Hesky, Mario	Ophthalmology	A	U
Hillebrand, Lucio	Obstetrics	A	U
Homicker	Ophthalmology	U	U
Horniker, Edoardo	Opthalmology	G	Not a Fascist; Jewish (may be same as preceding?)
Iacchia, Paolo	Gastroenterology	1. G 2. VG	U; Jewish; brother died on Loyalist side in Spain
Iurcev, Giacomo	Internal Medicine	1. A 2. VG	1. FC 2. AF
Koch, Carlo	Ophthalmology	U	Jewish; probably has left Trieste
Lang, Carlo	Pathology; Head of Sindicato Medici	G	1. VF (one of few honest Fascists) 2. MF
Levi	City Hospital	U	Politically reliable; Jewish
Levi, Ettore	Internal Medicine	G	U (FC?); Jewish; probably still at Trieste
Levi, Italo	Dermatology	G	U; Jewish
Licen, Ettore	Psychiatry	G	U
Loeffler, Alberto		U	Formerly in Trieste; now in Buenos Aires
Lorenzutti, Lorenzo	Bacteriology	G	U
Lovisato, Luciano		A	FC (?)
Mandruzzato, Priamo	Obstetrics	A	FC
Mann, Guido	Internal Medicine	1. G 2. VG	1. FC; Jewish; may still be at Trieste 2. Politically reliable

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Manzutto, Giuseppe	Ophthalmology	G	FC
Marcovich, Pietro	Internal Medicine	A	FC
Mezzari	Orthopedics	VG	Fascist (?)
Nordio, Ettore	Surgery	G	1. FC 2. NP
Novak, Marino	Urology	A	FC
Oliani, Ettore	Surgery	1. G 2. VG	1. FC 2. Unreliable
Palci	Hygiene	F	U
Pertosi, Bruno	Surgeon; City Hospital	U	Fascist
Petronio	Surgeon; City Hospital	U	Fascist
Pierguidi, Corrado	Ophthalmology	A	VF (took part in the March on Rome)
Pincherle	Neurology	U	AF
Pincherle, Bruno	Pediatrics	1. G 2. VG	AF; Jewish; probably in a concentration camp; 39 years old
Pincherle, Pino	Radiology	A	FC; Jewish
Plitek, Venceslao	Gastroenterology	G	U
Pollak-Polani, Paolo		VG	Politically reliable; originally in Trieste, last heard of in London
Prister, Bruno			Formerly in Trieste, now in U.S.
Ravalico, Marcello	Dermatology	A	FC
Ravasini, Carlo	Urology	VG	FC
Ravenna		G	NP

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Ravenna, Arrigo	Pediatrics	G	FC; Jewish; may still be in Trieste; old
Ravis, Evelina	Psychiatry	A	U; Jewish
Rocco	City Hospital	U	NP
Rusca, Luigi	Ear, Nose, and Throat	1. G 2. VG	1. FC 2. AF
Sai, Giovanni	Psychiatry	G	U
Salom, Vittorio	Neurology	A	FC
Salotti	Surgery	U	VF
Seitz	Psychiatric Institute	VG	Politically reliable
Semizzi	Tuberculosis	VG	FC
Siderini	City Hospital	U	Fascist
Stefani, Giuseppe	City Hospital	VG	AF; Slavic minority leader
Steindler		U	Politically reliable
Sturli	Chief of Medicine, City Hospital	U	NP; but is reliable
Sturli, Adriano	Internal Medicine	VG (probably best internist)	FC (same as preceding?)
Szirmay, Massimiliano	On the Board of Health	U	Jewish; very old
Tagliaferro	City Hospital	U	Fascist (active); one quarter Jewish
Tecilazich, Domenico	Pediatrics	A	U
Urizio		P	Fascist; opportunist
Urizio, Lino	Tuberculosis	G	FC (AF); (same as preceding?)
Veneziani, Piero	Tuberculosis and Infectious Diseases	G	AF

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NAME	FIELD or POSITION	MEDICAL ABILITY	POLITICS and REMARKS
Vianello, Silvio	Ophthalmology and Hygiene	A	FC (AF)
Winternitz, Leopoldo	Internal Medicine	1.G. 2.VG	U (FC?); Jewish; may still be in Trieste
Zuech, Sisinio	Gynecology (?)	A	VF (Fascist Party leader)
Zumin	City Hospital	U	Fascist
	VENEZIA TRIDENTINA		
	(24) Bolzano		
Langer	Gynecology	G	Politically reliable
Pittini, Frederica	Public Health Nurse	U	Rockefeller Fellow in U.S. and Canada, 1929-31; Instructor, Italian Red Cross, 1938
	(25) Trento		
De Logo	Ophthalmology	G	Politically reliable

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APPENDIX 7. ACCREDITED SCHOOLS OF NURSING IN NORTH ITALY.

L

Milano

S.C. Croce Rossa, annessa all'Ospedale Principessa Iolanda.
S.C. annessa agli Instituti Ospedaliere.

Bologna

S.C. Croce Rossa annessa Reparti clinica R. Universita.
S.C. annessa all'Ospedale "Arnaldo Mussolini".

Venezia

S.C. "Nani" annessa Ospedale Civile.

Padova

S.C. annessa all'Ospedale Civile.

Genova

S.C. annessa all'Ospedale S. Martino.

S.C. annessa agli Ospedale Galliera.

Piacenza

S.C. annessa all'Ospedale Civile.

Verona

S.C. Vincenza Poloni annessa all'Ospedale Civile.

Treviso

S.C. annessa all'Ospedale Elena di Savoia.

Brescia

S.C. Paola di Rosa, annessa agli Ospedale Civili.

Ferrara

S.C. annessa all'Arcispedale S. Anna.

Gorizia

S.C. annessa all'Ospedale Vittorio Emanuel.

Merano

S.C. annessa all'Ospedale Civile.

Trieste

S.C. Giulio Ascoli annessa all'Ospedale Regine Elena.

Torino

S.C. per infirmiere religiose annessa all'Ospedale maggiore.

S.C. Croce Rossa annessa Ospedale maggiore.

S.C. annessa all'Ospedale S. Giuseppe Cottolengo.

Fiume

S.C. annessa all'Ospedale di S. Spirito.

Biella

S.C. annessa all'Ospedale degli infermi.

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APPENDIX 8. SUMMARY OF PRINCIPAL REPORTED INFECTIOUS DISEASES, May 4-31, 1942

	TOTAL NUMBER OF CASES						
	PIEMONTE	LIGURIA	LOMBARDIA	VENEZIA TRIDENTINA	VENETO	VENEZIA GIULIA E ZARA	EMILIA
Measles	914	434	1,479	165	779	46	1,346
Scarlet Fever	145	26	212	55	107	24	94
Chickenpox	226	123	339	32	179	66	371
Typhoid fever & paratyphoid fever	162	123	342	38	176	66	110
Undulant fever	113	31	37	8	31	1	100
Leishmaniasis, cutaneous and visceral	-	-	-	-	-	-	-
Amoebic & bacillary dysentery	26	6	48	-	4	2	2
Diphtheria and croup	91	39	188	38	194	90	119
Pertussis	298	59	140	51	243	196	544
Mumps	620	97	327	198	286	58	257
Cerebrospinal meningitis	8	6	25	5	31	7	11
Acute anterior poliomyelitis	9	-	13	1	9	3	3
Encephalitis	1	1	1	-	-	-	-
Puerperal fever	4	1	2	-	4	-	7
Pellagra	-	-	-	-	28	-	1
Ancylostomiasis	-	-	5	-	-	-	-
Rabies:							
1. Bitten by suspect dogs	35	5	19	3	15	9	37
2. Definitely diagnosed as rabies	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-

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APPENDIX 9 . INCIDENCE OF PRINCIPAL INFECTIOUS DISEASES BY COMPARTMENTS, 1939.

Diseases	Number of cases reported						
	Piemonte	Liguria	Lombardia	Venezia Tridentina	Veneto	Venezia Giulia e Zara	Emilia
Measles	2,394	2,036	8,448	1,476	4,187	912	8,442
Scarlatina	1,424	720	2,558	234	1,074	570	905
Typhoid and paratyphoid fever	1,378	749	4,038	400	3,046	938	2,190
Diphtheria and croup	1,609	885	4,513	587	5,744	1,243	3,119
Puerperal fever	53	28	105	27	123	47	100
Acute anterior poliomyelitis	237	68	766	104	1,530	175	998
Encephalitis lethargica	7	1	12	-	8	2	3
Pellagra	-	-	2	-	681	1	7
Rabies	-	-	-	-	-	-	-
Anthrax	12	5	18	-	2	6	1

APPENDIX 10. MALARIA VECTORS OF THE NORTH ITALIAN PLAIN

Anopheles maculipennis atroparvus occurs near the delta of the Po, around Ferrara, and southward as far as Toscana.

Anopheles maculipennis elutus (sacharovi) is important in the Po Delta, where it overlaps *atroparvus* and extends along the northern Adriatic coast and into Friuli.

Anopheles maculipennis messeae has been reported at Mantova and Ravenna, and is considered responsible for malaria in these places.

Anopheles maculipennis melanoon occurs in rice growing regions of North Italy and has been found at Mantova. (Not known to be a vector.)

Anopheles maculipennis typicus has been found at Mantova.

Anopheles maculipennis labranchiae occurs along the western Italian littoral. No record has been found of this species occurring in the Po Valley.

APPENDIX 11. ESTIMATED MALARIA MORBIDITY IN THE POPULATION OF THE PO VALLEY 1943-1944

Malaria morbidity of the entire north Italian plain

	Piemonte	Lombardia	Emilia	Veneto
Portion in the plains	Southern half of compartment	Southern half of compartment	Entire compartment	Approximately 2/3 of compartment
Total area of compartment (square miles)	11,332	9,183	8,544	9,856
Area in the plains (square miles)	5,600	4,600	8,544	6,500
Population in 1936	3,500,000	5,800,000	3,300,000	4,300,000
Population in the plain area, 1936	1,750,000	2,900,000	3,300,000	2,800,000
Malaria mortality rate per 10,000 inhabitants 1940	0.03	0.01	0.02	0.02
Estimate malaria morbidity, 1940 (100 x mortality)	525	290	660	560
Predicted malaria morbidity 1943-1944 (2 x estimated 1940. malaria morbidity)	1,050	580	1,320	1,120

APPENDIX 11. ESTIMATED MALARIA MORBIDITY IN THE POPULATION OF THE PO VALLEY 1943-1944

Malaria morbidity in the entire northern plain

Predicted malaria morbidity by months 1943-1944

	Piemonte	Lombardia	Emilia	Veneto	Total
August	231	128	291	247	897
September	189	104	237	201	731
October	105	58	132	112	407
November	52	29	66	56	203
December	21	11	26	22	80
January	21	11	26	22	80
February	21	11	26	22	80
March	22	12	27	23	84
April	42	23	53	45	163
May	63	35	79	67	244
June	105	59	132	112	408
July	178	99	225	191	693

APPENDIX 12. TUBERCULOSIS DEATHS BY COMPARTIMENTI 1936-1940
(per 100,000 population)

Compartimenti	1940	1939	1938	1937	1936
Piemonte	75	76	79	88	91
Liguria	87	87	95	98	100
Lombardia	78	79	83	93	91
Venezia Tridentina	122	126	129	143	141
Veneto	82	86	90	94	98
Venezia Giulia e Zara	144	146	143	151	155
Emilia	76	77	81	87	91

APPENDIX 13. TUBERCULOSIS DEATHS IN THE UNITED STATES
(per 100,000 population)

1940	1939	1938	1935	1930	1925	1920	1915	1910	1900
45.9	47.1	49.1	55.1	71.1	84.8	113.1	140.1	153.8	194.4

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APPENDIX 14. ANTI-TUBERCULOSIS CAMPAIGNS, 1939

Total sums collected by the Provincial Anti-tuberculosis Societies in thousands of lire.

Compartimenti	1939
Piemonte	1,519
Liguria	1,208
Lombardia	2,172
Venezia Tridentina	125
Veneto	2,297
Venezia Giulia e Zara	1,126
Emilia	2,705

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APPENDIX 15. MENTAL HOSPITAL CENSUS, 1938

Compartments	Piemonte	Liguria	Lombardia	Venezia Tridentina	Veneto	Venezia Giulia e Zara	Emilia
Compartments							
Number of Patients in institutions on Jan. 1st, 1938	9,053	4,216	14,439	1,264	12,755	2,165	8,711
Direct Admissions during 1938	3,031	1,089	5,462	529	3,406	958	2,629
Transfers from other institutions 1938	555	203	1,259	37	575	82	301
Total census increase	3,586	1,292	6,721	566	3,981	1,040	2,930
Discharges	2,040	703	4,565	386	2,523	691	1,912
Transfers to other institutions	850	671	490	65	485	139	421
Deaths	657	241	1,147	64	827	171	668
Total Census Decrease	3,547	1,615	6,202	515	3,835	1,001	3,001
Number of Patients in institutions at end of 1938	9,092	3,893	14,958	1,315	12,901	2,204	8,640

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APPENDIX 16. INFECTIOUS DISEASES REPORTABLE BY LAW IN ITALY, 1934

Measles
Scarlet fever
Chicken pox
Smallpox
Typhoid fever
Paratyphoid fever
Undulant fever
Leishmaniasis
Bacillary dysentery
Amoebic dysentery and other forms of amoebiasis
Epidemic cerebrospinal meningitis
Acute anterior poliomyelitis
Encephalitis lethargica
Diphtheria and Croup
Whooping cough
Mumps
Influenza (epidemic type)
Puerperal fever
Typhus (tifo esantematico, tifo petecchiale)
Leprosy
Cholera
Yellow fever
Bubonic plague
Relapsing fever
Pulmonary tuberculosis
Malaria
Pellagra
Trachoma and Infectious Conjunctivitis
Ancylostomiasis
Gonnorhoeal ophthalmia of the newborn
Trichinosis
Scabies and Fungus infection of the skin
Rabies

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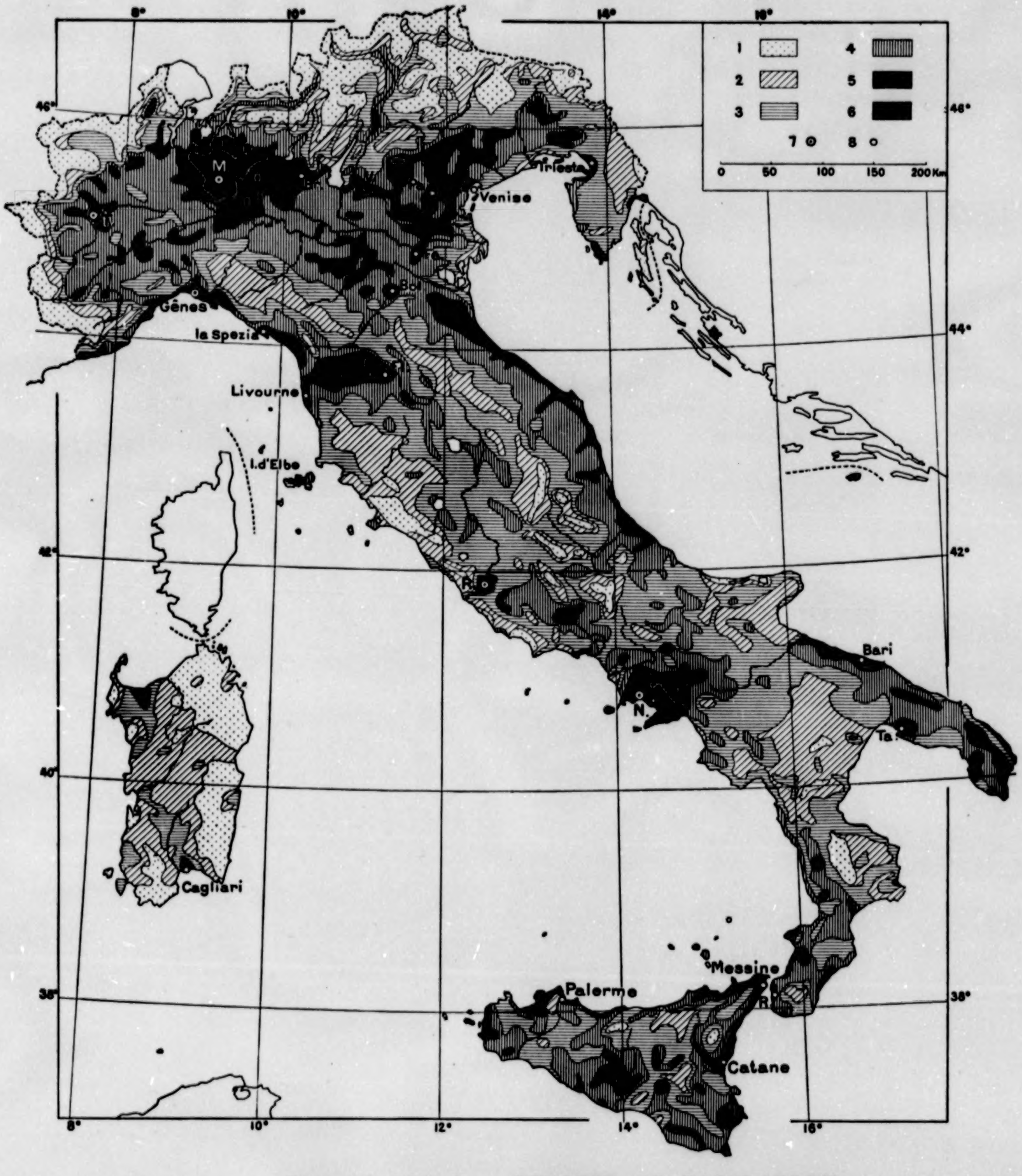
APPENDIX 17. BIRTH RATE AND INFANT MORTALITY RATE IN LARGER NORTH ITALIAN CITIES, 1940

Communes	Birth rate per 1000 population	Infant Mortality Rate in first year of life per 1000 live births
Bologna	16.1	65.1
Brescia	24.7	101.1
Ferrara	20.0	89.1
Genova	13.3	72.3
La Spezia	18.3	57.5
Milano	15.7	79.4
Modena	18.0	76.1
Padova	23.4	83.3
Torino	13.6	84.2
Trieste	15.0	61.8
Venezia	20.2	66.2
Verona	22.2	90.3
Reggio nell'Emilia	18.7	88.1

APPENDIX 18. INSURANCE FUNDS MEDICAL ASSISTANCE 1939

Regions	Patients and days of treatment	To the Insured			To family members		
		treated in hospitals	treated in ambulatoria	total	treated in hospitals	treated in ambulatoria	total
Piemonte	Patients	4,178	953	5,131	1,082	178	1,260
	Days of treatment	631,267	183,902	815,169	170,545	33,968	204,513
Liguria	Patients	2,224	412	2,636	629	90	719
	Days of treatment	358,128	79,683	437,811	98,221	16,185	114,406
Lombardia	Patients	11,836	2,399	14,265	4,935	575	5,510
	Days of treatment	1,363,730	540,345	1,904,075	628,292	119,385	747,677
Venezia Tridentina	Patients	935	164	1,099	330	44	374
	Days of treatment	145,036	35,270	180,306	56,266	10,215	66,481
Veneto	Patients	5,364	937	6,301	2,437	229	2,666
	Days of treatment	767,804	185,457	953,261	386,025	44,375	430,400
Venez. Giulia e Zara	Patients	2,844	684	3,528	1,668	204	1,872
	Days of treatment	294,776	72,127	366,903	197,375	20,111	217,486
Emilia	Patients	5,400	500	5,900	2,697	152	2,849
	Days of treatment	699,670	95,395	795,065	388,797	29,869	418,666



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3
4
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6
7
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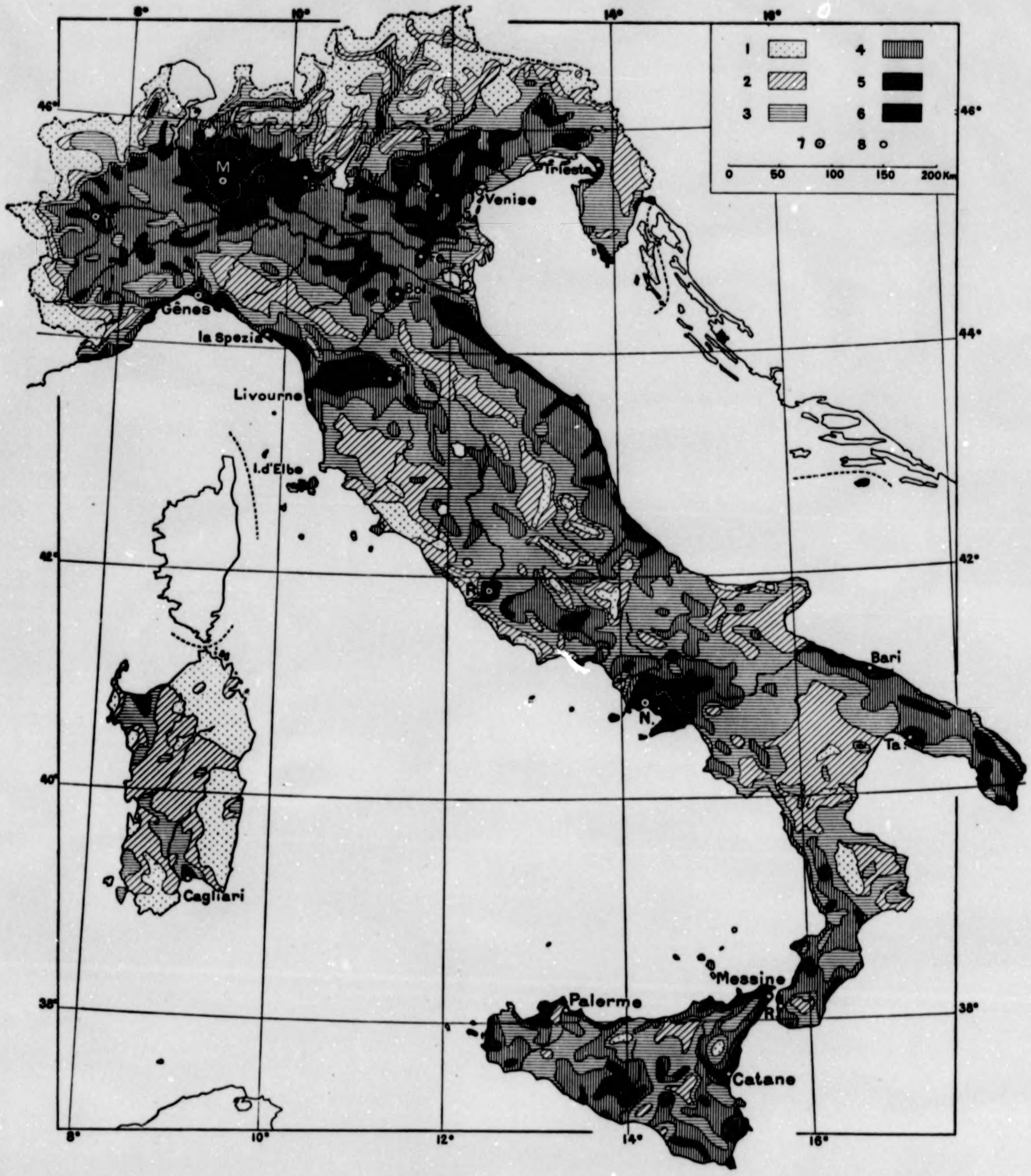
0 50 100 150 200 Km
8°
10°
14°
16°
12°
46°
44°
42°
40°
38°
M
Trieste
Venise
Bo
Gênes
la Spezia
Livourne
I.d'Elbe
R
Bari
N.
Ta
Cagliari
Messine
Palerme
R
Catane

Figure III-1. DENSITY OF POPULATION.

Explanation of legend: 1, less than 65 people per square mile; 2, 65 to 130; 3, 130 to 160; 4, 260 to 320; 5, 320 to 1300; 6, more than 1300; 7, cities with more than 500,000 inhabitants; 8, cities with 100,000 to 500,000.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8°
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Gênes
la Spezia
Livourne
I.d'Elbe
R
Bari
N.
Ta
Cagliari
Messine
Palerme
R
Catane

Figure III-1. DENSITY OF POPULATION.

Explanation of legend: 1, less than 65 people per square mile; 2, 65 to 130; 3, 130 to 160; 4, 260 to 320; 5, 320 to 1300; 6, more than 1300; 7, cities with more than 500,000 inhabitants; 8, cities with 100,000 to 500,000.

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ITALY

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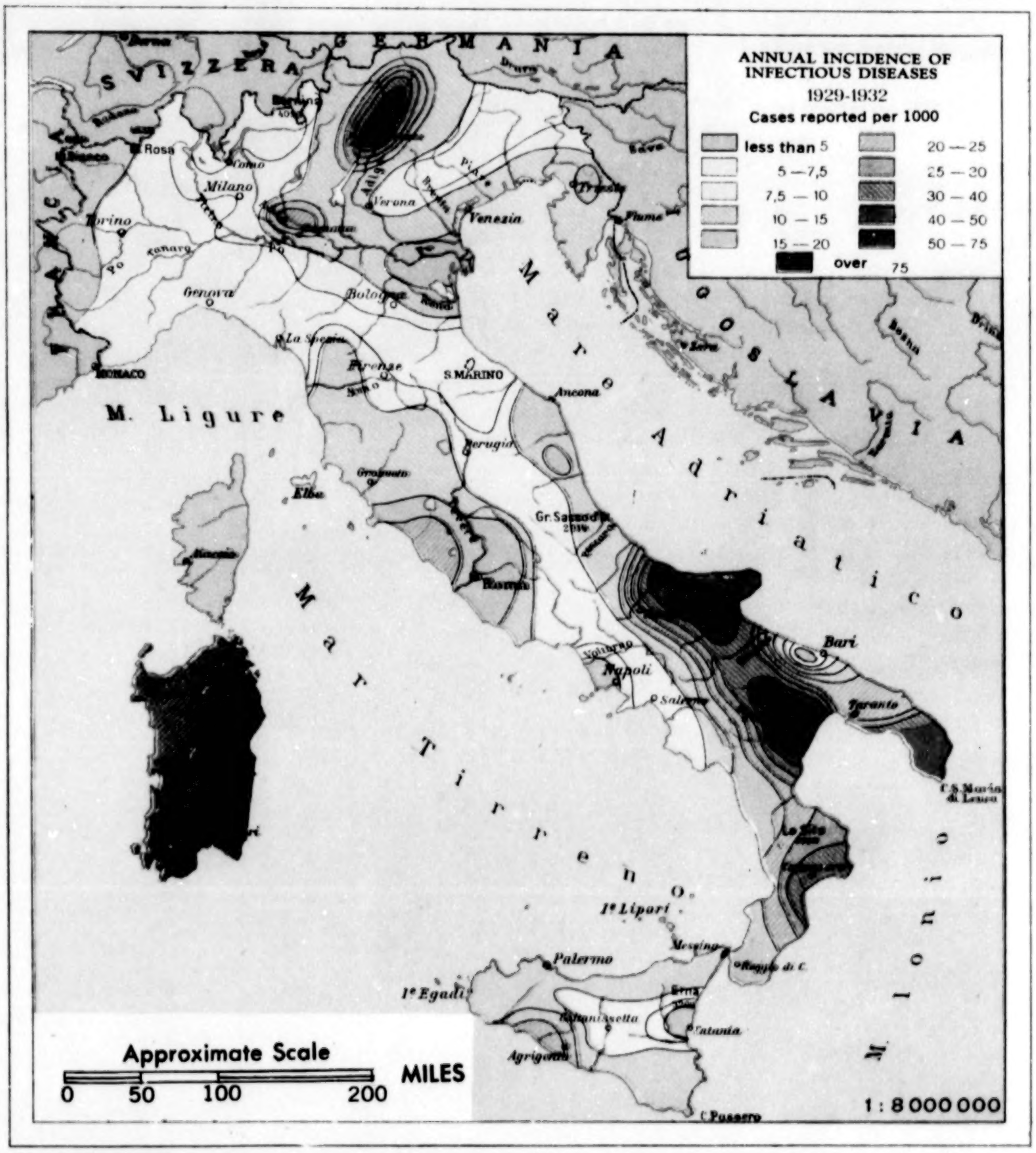
ANNUAL INCIDENCE OF INFECTIOUS DISEASES
1929-1932
Cases reported per 1000
less than 5
5 —7,5
7,5 — 10
10 — 15
15 — 20
20 — 25
25 — 30
30 — 40
40 — 50
50 — 75
over 75
SVIZZERA
GERMANIA
FRANCIA
IUGOSLAVIA
Milano
Torino
Genova
Verona
Venezia
Bologna
Fiume
La Spezia
Firenze
S.MARINO
Ancona
Perugia
Gr. Sasso
Napoli
Salerno
Bari
Taranto
Elba
MONACO
M. Ligure
Mare Adriatico
Mar Tirreno
M. Ionio
I. Lipari
Messina
Reggio di C.
Palermo
I. Egadi
Caltanissetta
Catania
Agrigento
C. Passero
C. S. Maria di Leuca
Po
Approximate Scale
0
50
100
200
MILES
1 : 8 000 000

MAP NO. 2867
29 NOVEMBER, 1943

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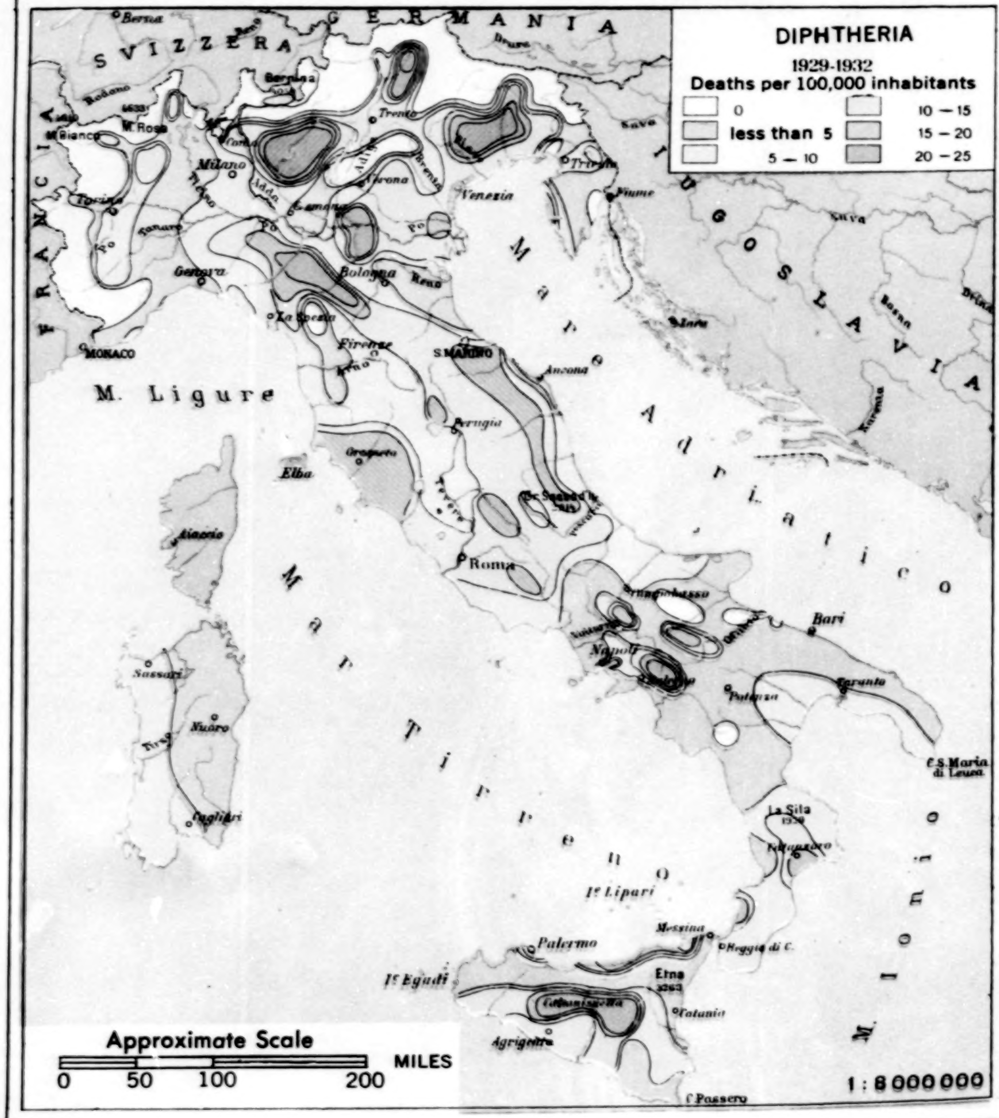
ITALY: ANNUAL MORTALITY

FREE


DIPHTHERIA
1929-1932
Deaths per 100,000 inhabitants
0
less than 5
5 — 10
10 — 15
15 — 20
20 — 25
GERMANIA
SVIZZERA
FRANCIA
IUGOSLAVIA
MONACO
M. Ligure
Mare Adriatico
Mar Tirreno
Mar Ionio
Milano
Torino
Genova
Venezia
Trieste
Fiume
Bologna
Firenze
La Spezia
S.MARINO
Ancona
Perugia
Roma
Napoli
Bari
Taranto
Potenza
Palermo
Messina
Catania
Agrigento
Etna
Elba
Sassari
Nuoro
Cagliari
Approximate Scale
0
50
100
200
MILES
1: 8 000 000

MAP NO. 2869
29 NOVEMBER, 1943

FIGURE 3

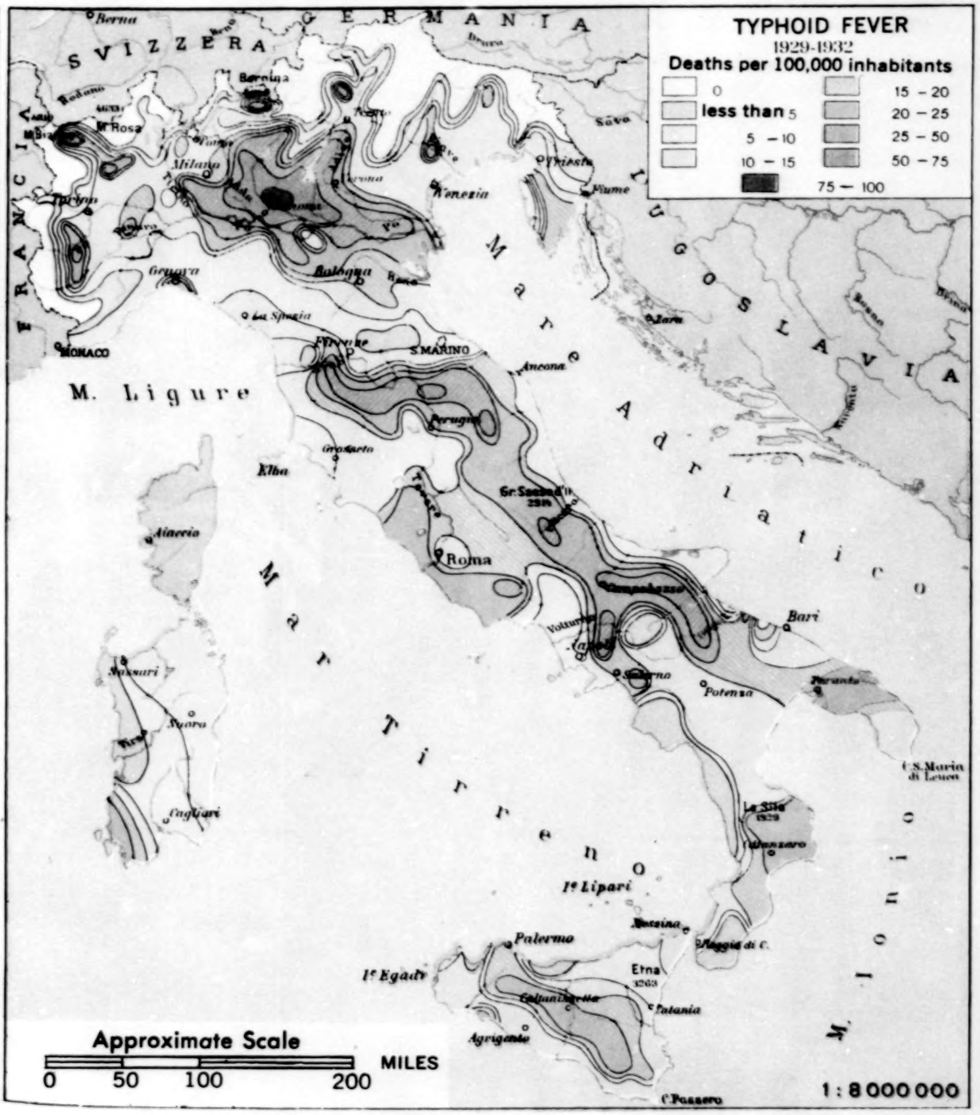

TYPHOID FEVER
1929-1932
Deaths per 100,000 inhabitants
0
less than 5
5 — 10
10 — 15
15 — 20
20 — 25
25 — 50
50 — 75
75 — 100
GERMANIA
SVIZZERA
FRANCIA
IUGOSLAVIA
MONACO
M. Ligure
Mare Adriatico
Mar Tirreno
Mar Ionio
Milano
Torino
Genova
Venezia
Trieste
Fiume
Bologna
Firenze
La Spezia
S.MARINO
Ancona
Perugia
Roma
Bari
Taranto
Potenza
Palermo
Messina
Catania
Agrigento
Etna
Elba
Sassari
Nuoro
Cagliari
Approximate Scale
0
50
100
200
MILES
1: 8 000 000

FIGURE 4

R & A, OSS
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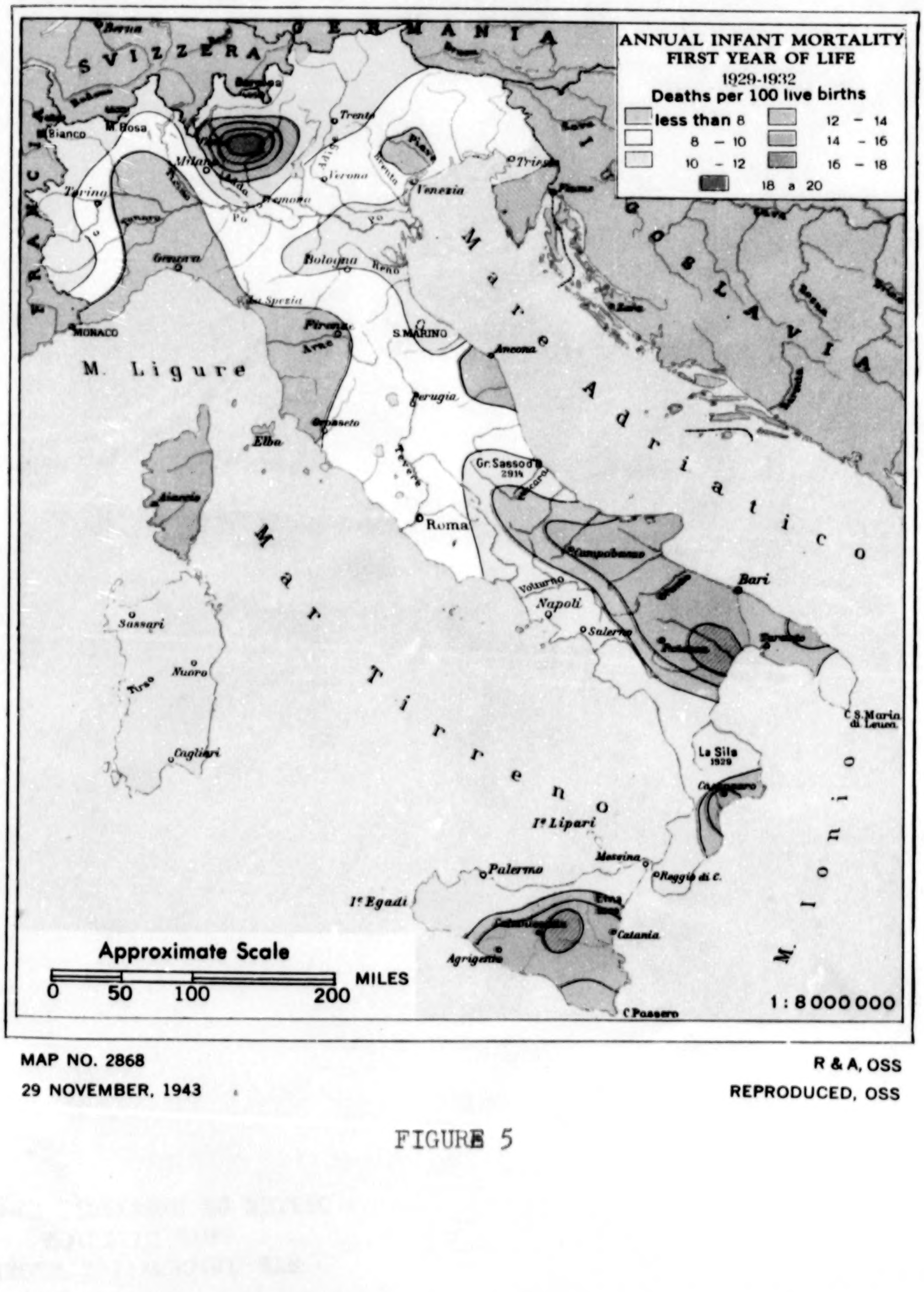
PROVISIONAL EDITION **I T A L Y** **FREE**


ANNUAL INFANT MORTALITY
FIRST YEAR OF LIFE
1929-1932
Deaths per 100 live births
less than 8
8 – 10
10 – 12
12 – 14
14 – 16
16 – 18
18 a 20
SVIZZERA
GERMANIA
FRANCIA
JUGOSLAVIA
M. Ligure
Mare Adriatico
Mar Tirreno
M. Ionio
Torino
Milano
Genova
Trento
Verona
Venezia
Trieste
Fiume
Bologna
La Spezia
Firenze
MONACO
S. MARINO
Ancona
Perugia
Elba
Gr. Sasso
2914
Roma
Campobasso
Bari
Volturno
Napoli
Salerno
Sassari
Nuoro
Cagliari
C. S. Maria di Leuca
La Sila
1929
Catanzaro
Iᵉ Lipari
Palermo
Messina
Reggio di C.
Iᵉ Egadi
Etna
Catania
Agrigento
C. Passero
Approximate Scale
0
50
100
200
MILES
1: 8 000 000

MAP NO. 2868
29 NOVEMBER, 1943

R & A, OSS
REPRODUCED, OSS

FIGURE 5

FIGURE 6. TUBERCULOSIS DEATH RATE PER 100,000 POPULATION BY COMPARTMENTS

Median, 1937-1939

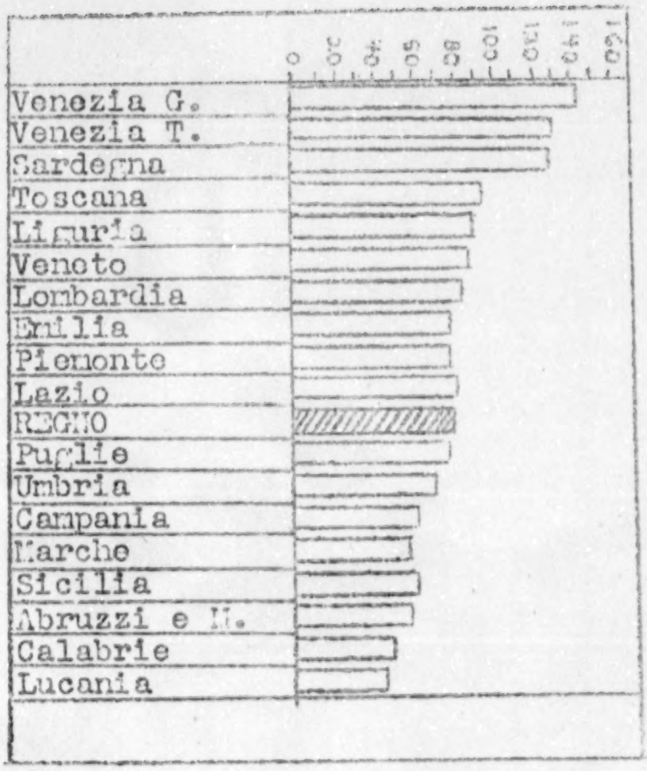


FIGURE 7. BIRTHS, DEATHS AND NATURAL INCREASE OF POPULATION BY COMPARTMENTS
(per 1,000 inhabitants)

MEAN 1938 - 1940